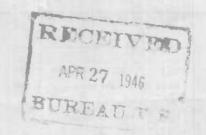
MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

County	City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rurat, give LOCATION)
How long in hospital or Institution?	2.(d) If veteran, name war
3. (a) FULL NAME POSC- Marie A	3. (b) Social Security Number
4. Sex 5. Color Prace 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION  20. DATE OF DEATH
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from  19. 5. to 19. 6.  and that I last saw h
8. AGE: Years Months Days If less than one day  15 10 10	Immediate ruse of death DURATION DURATION
9. Birthplace	Due to G. MANC Nepplinus 5 yrs.
11. Industry or business    12. Name	Other conditions Cardine Failure
14. Maiden name Carollie Many Dist	(Include pregnancy within 3 months of death)  Major findings of operations.
16. informant Benedict Janth	Autopsy results
Address  11. Date thereof Months (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or cremetory  Location	Where did Injury occur?
18. Funeral director. 12.2 St. S. E.	Means of Injury Injured at work?
19 Corrie J. Comphell Carrie J. Comphell Legistrar	23. SIDNATURE M. D. on other  Address / 007 - A S + WW Date signed + 25/44



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(	M	1

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information of death clea

important

1. PLACE OF DEATH:

How long in above place of death? 2 /x Mon Hospital, Institution, or street address where death occurred:

How long in hospitat or institution?

Cemetery or crematory

(Date rec'd hy registrar)

18. Funerat director... Address

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give reeldence of mother)

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

3. (b) Social Security Number

3. (a) FULL NAME 4. Sax 5. Color or race B.(a)Single, married, widowed, or divorced 6.(b) Name of husband or wife..... S.(c) If alive, give age ...... years 7. Birth date of deceased (mo., day, yr.) It less than one day 8. AGE: (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name .. 13. Rirtholace 14. Maiden name. E 15. Birthplace 16. Informant Address

MEDICAL CERTIFICATION

(Include pregnancy within 3 months of death)

Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

Where did injury occur? .....

(City or town) (County)

Injured at home, farm, industry, public place (where?) ...... Injured at work? Means of Injury

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

(13962 Reg. Diat. No. 243

1. PLACE OF DEATH: county Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State D. C. County	
City or town Orural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	We object on	
How long In above place of death?	City or town	
Hospital, Institution, or street address where death occurred:	Street No. 1621 - I. Street S. E	
Glenn Dale Sanatorium	(If rural, give LOCATION)	
How long in hospital or institution? 5 mos.	2.(a) If veteran, name war	
3. (a) FULL NAME Carl Bass	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Single	20. DATE OF DEATH. CONT. 1946 at 3.05 A.M.	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	2001. 2 1945, 10 apr. 1, 1946	
7. Birth date of	and that I last saw h 1. 19. alive on . apr	
deceased (mo., day, yr.) December 5, 1944	Immediate cause of death DURATION	
8. AGE: Years   Months   Days   It less than one day	miliary tulir culosis 3 da	
1 3 27hrsmin.		
9. Birthplace Washington, D. C. (Town, county, and state)	Ducho Tulier culous meningitis 3 da	
1D. Usual occupation (Child)	mode ( ) remary in Lection	
11. Industry or business	The - 15 74.0	
12. Name Ray Bass 13. Birthplace S. Springs, Tennessee	Other conditions	
	(Include pregnancy within 3 months of death)	
불 14. Malden name Carolyn St.Clair		
15. Birtholage LaPlata, Maryland	Major findings of operations	
15. Birthplace LaPlata, Maryland	Date of op	
16. Informant Ray Bass, Father	Antopsy results	
Address 1825 16th St. N. W.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. (Burlal, cremation, or removal. Which?)  Date thereof. (My. (Jay) (year)	Accident, suicide, or homicide	
E & Pin la Como total		
Cemetery or crematory.	Where did injury occur?	
Location Price Lerra Co. Mel.	Injured at home, farm, Industry, public place (where?)	
1 Wm. L. D. C.	Means of injury Injured at work?	
1B. Funeral director		
Address 300 42 H., N.E., Wash., D.C	23 SIGNATURE Daniel Leo Finicano MD	
apr. 1 , 46 Rowland S. Philips	M. D. or other	
19. (Date rec'd hy registrar) Registrar	Address Denn Hale Md Date signed 4.1, 46	



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#### MARYLAND STATE DEPARTMENT OF HEALTH

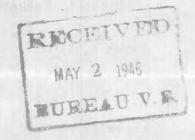
2411 N. Charles St., Baltimore /3

03963

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (Bural) Glenn Dale, Maryland	State D. C. County
(If outside city or town limits, write RUKAL and give nearest town)	Washington
How long in above place of death? 9 mos., 7 days	City or town
Hospital, Institution, or street address where death occurred:	Sireet No. 2212 - Fairlawn Ave.Ş. E.
Glenn Dale Sanatorium  9 mos., 7 days	(If rurai, give LOCATION)
How long in hospital or institution? 9 mos., 7 days	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
	KETT
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temas White Married	20. DATE OF DEATH Core 27 (4 19 46 21 5 5.
6.(b) Name of husband or wite Hylan L. Beckett	21. I CERTIF ( hat death occurred on the date above stated; that Lattended deceased from
6.(c) If alive, give age 57 years	July 20ter 19 45 10 aprile27 19 46
I I Right date of	and that Bast saw h. drailve on Cefrel 27 19 46
deceased (mo., day, yr.) March 3, 1888	Immediate cause of death
8. AGE: Years Months Days It less than one day	(1) 1 Jun 3 Mars
58 1 24hrs,min.	Telmonary Illerculous of
9. Birthplace Brooklyn, New York	Due to
(1041), County, and Seaso,	
10. Usual occupation. Housewife	Due to
11. Industry or business	
12. Name Anthony Karnien Germany	Dther conditions
E 13. Birthplace Germany	
	(Include pregnancy within 3 months of death)
ELC . mailuen name.	Major findings of operations.
	Date of op.
16. Informant Decedent	Autopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Removal Man 27, 1946	22. VIOLENCE: If death was due to external causes, till in the tollowing;
11	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
to Washington D.C.	Injured et home, farm, Industry, public place (where?)
Location	Means of Injury Injury Injury
18. Funeral director M. M. Chambers Co.	mounts of injury
Address 5/7 //the Lt & E.	(1) a in Page 41.
21.00 11 R Pa d ( PO'O.	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar)  Registrar	Address Wenn & ale Md Date signed 4/27/40

Registrar Address Vlenn Dale Md Date signed 4/27



#### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 178 correct CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) Prince Georges State Virginia Forrestville (If outside city or town limits, write RURAL and give nearest town Arlington (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: Street No. 1158 N. Columbus Street (If rural, give LOCATION) World War How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number George Ernest Benton MEDICAL CERTIFICATION BINDING Married White Male 20, DATE OF DEATH 17 April 19.46 atll: 34 a.m 6.(b) Name of husband or wife Ftorence E. Benton 21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from MARGIN RESERVED FOR 12 December 1906 deceased (mo., day, yr.) Immediate cause of deathExtensive third degree tt less than one day 8. AGE: burns, multiple fractures and lacer-.....hrs. ations s. Birthplace Gates County, North Carolins (Town, county, and state) Main Aircraft Accident 10. Usual occupation. U. S. Army 11. industry or business Unknown Unknown important. (Include pregnancy within 8 months of death) Unknown 14. Malden name. Major findings of operatious..... Unknown 2 15. Birthplaco 18. Informant Official Records PHYSICIAN: Please underline the cause to which death should be charged statistically. Washington 20, D. D. Address Andrews Field. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide....Accident PL Where did injury occur? Prince Georges County (City or town) (County) Farm injured at home, farm, industry, public place (where?) Means of injury Aircraft Accident injured at work? Yes

Dato signed

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A TATAL OF THE COLUMN THE REPORT OF THE PARTY.



#### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 83-CERTIFICATE OF DEATH ormation carefully. The correct death clearly and legibly. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) City or fown .. How long in above place of death? Hospital, Institution, or street address where death gocurred: Street No... (If rural, give LOCATION) information 2.(a) if veteran, name war..... How long in hospital or institution?. 3. (b) Social Security Number 3. (a) FULL NAME Jo MEDICAL CERTIFICATION 5. Color or race BINDING 2D. DATE DE DEATN. 6.(b) Nama of husband or wife 6.(c) If alive, give age and that I last saw h. ....alive on .... 7. Birth date of deceased (mo., day, yr.) DURATION It less than one day Days 8. AGE: RESERVED 9. Birthplace... 1D. Usuat occupation. ARGIN 11. industry or business 13. Birthplace (Include pregnancy within 3 moaths of death) 14. Malden name. Major findings of operations..... 15. Birihpiace PHYSICIAN: Please naderline the cause ta which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... PL. (moath) (day) (year) (Burfal, cremation, or removal, Which?) Where did injury occur? .....(City or town) (County) Cemetery or cremaigas Injured at home, farm, industry, public place (where?) ..... Injured at work? Means of injury 18. Funeral director... PLEASE 23. SIGNATURE zurs PlevE .Date signed. Registrar Address.. (Dato rec'd hy registrar)

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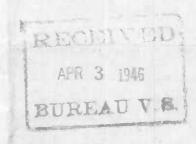
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

# CERTIFICATE OF DEATH

CERTIFICA	ATE OF DEATH  Reg. Dist. No. 23/
1. PLACE OF DEATH:  County Chewerty Man (If outside city of your limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street, address where death occurred:  Chewerty Chewerty Chewerty  How long in hospital or institution 4 days	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County County Leaves Leaves  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Bahanan Mrs. Jennie	3. (b) Social Security Number
4. Sex   5. Color or rate   6.(a)Single/married, wildowed, or divorced  7. W M.	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wife Bethlessulary Mr. Joseph.  8.(c) If alive, give age ye  7. Birth date of	March 28 1946 to Apr. 1 194
deceased (mo., day, yr.)   facu, 2   1910	Immediate cause of death  Of both breasts  DURATIO
9. Birthplace (Town, county, and state)	with metastasis to liven and organs 14 mo
1D. Usual occupation	Due to
12. Name. Geo. E. Weed.  13. Birthglace	Other conditions (Include pregnancy within 3 months of death)
14. Malden name Lewwell rights  15. Birthplace Md.	Major fiediogs of operations.  Date of op.
16. Informant Joseph B. Bahassmon  Address hanham md.	PHYSICIAN: Please underline the cause to which death shoold he charged statistically.
Burial, compation, or account. Which?)  Bate thereof (month) (dsy) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide
Cometery or crematory  Location washington LC	Where did injury occur?
18. Funeral director Factoria Marcha Madress Styattsville Mg	Mouns of Injury trijured at work?  23. SIGNATUE Charles C. Hageage M. J.
19. 4 / 1946 and Downer Registrary	App 1 19



MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore (56-2) CERTIFICATE OF DEATH correct Reg. Diat. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: Prince Ses 1. PLACE OF DEATH: (For newborn infants give residence of mother) If ontside city or town limits, write RURAL and give nearest town (If outside city or town limits, write MURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where geath occurred: clearly (If rurai, give LOCATION) information of death clea How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from B.(b) Name of husband or wite... .6.(c) If alive, give age ..... FOR 7. Birth date of deceased (mo., day, yr.) Immediate cause of death If less than one day 8. AGE: Years MARGIN RESERVED 16. Usual occupation ..... 11. Industry or business important. (Include pregnancy within 3 months of death) Major findings of operations. 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide..... PL. (Buriai, cremation, or removai. Which?) Where did injury occur? ...... (City or town) (County) (State) Cemelery or cremalory ..... Injured at home, farm, Industry, public place (where?) ..... Location .. Injured at work? Means of Injury 18. Funeral director .Date signed .... Registrar Address. (Date rec'd by registrar)



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Black

03969

Reg. Diat. No.

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Tr. George	State Maryland County Pr. Geos Co.		
City or town. Ritchie (If ontside city or town limits, write RURAL and give nearest town)	Ritchie		
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)		
6411 Ritchie Road	Street No. 6411 Pitchie Road.		
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war		
3. (a) FULL NAME	3, (b) Social Security Number		
	rady		
4. Sex 5. Color or race b.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH A DY2 10 18 46 21 9:00 P.		
6.(b) Name of Brady	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. 8irth date of	Jan 2 1946 10 April 10 1946		
7. 8 irth date of deceased (mo., day, yr.) June 13 1865	and that I last saw h. LTD. alive on April 10 19 46		
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death		
80hrsmin.	UYETILIA 3 Weeks		
9. Birthplace. Upper Marlboro, Pr Geo Co Md. (Town, county, and state)	Due to Interstitial nephritis 3 Years		
10. Usual occupation Farmer	Comment of the commen		
11. Industry or business Tobacco Far m	Due to General arterioschlerosis 3 Years		
12. Name George W Brady 13. Birthplace Proco Co Maryland	Other conditions Senile myocarditis 3 Years		
	(include pregnancy within 3 months of death)		
# 14. Malden name Charlotte Beall			
14. Maiden name Charlotte Beall 15. Birthplace Maryland	Major findings of operations.		
18. Interment Mrs Alma J. Brady	Autopsy results.		
Address 6411 Ritchie Rd S.E. Wash 19 P.C	PHYSICIAN: Flease underline the cause to which death should be charged statistically.		
19-1-0 4-13-44	22. VIOLENCE: It death was due to external causes, flit in the tollowing;		
(Burial, cremation, or remain. Which?) (Burial, cremation, or remain. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Location Thrustrille Tool	Injured at home, tarm, Industry, public place (where?)		
18. Funeral director Bilefine British	Weans of injury Injured at work?		
Address When Malloto That	EN Sit TR. tol: M.D		
19. 41-12- 1946 Millos 5 Infel	123. SIGNATURE M. D. or other 6906 Ritchie Ra SE M. D. or other		
(Dato rec'd by registrar)	Iddaes Was barrella Dec note signed 10 Abr 46		

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Thos. S. Collins. St.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 53

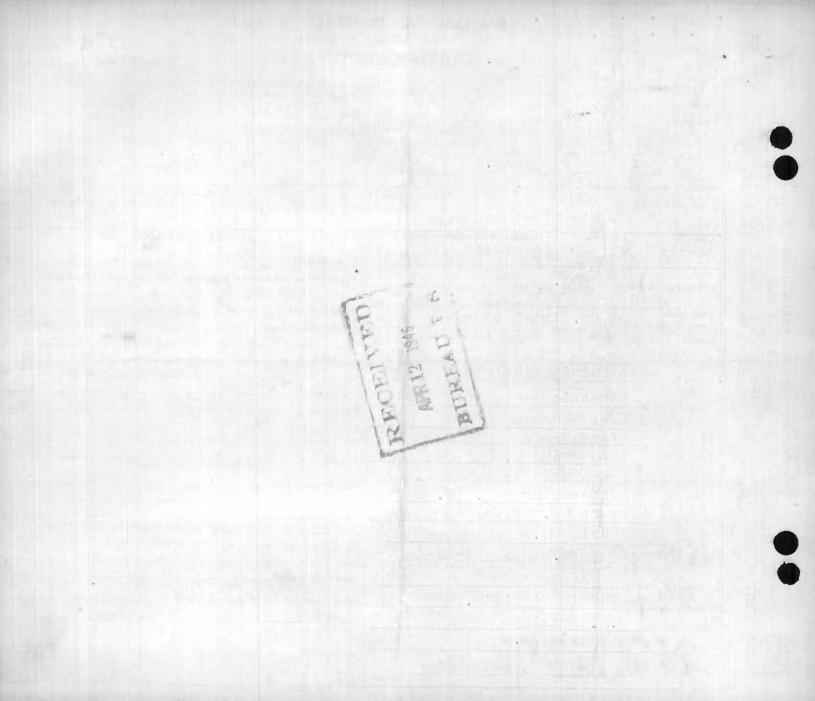
# CERTIFICATE OF DEATH

(1397() 15 Reg. Dist. No.

1. PLACE OF DEATH County.  County			ie.	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of the control of t	of mother) County No Count Sites, write RURAL and give no Rd.  ve LOCATION)	carcot yowo)
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Female	White	Wide	owed		Oth 1946	, at
				21. I CERTIFY that death occurred on the date:  and that I last saw h. L.C. alive on	1940 to april	10 19 4 4
8. AGE: Yes		Days 3	If less than one dayhrs. min	Bart Abri fime	Shill Briller	
9. Birthplace			state)	Due to		
			y W. Va.	Major findings of operations.		
			) wn	Autopsy results	which death should be charge	ed statistically.
			***************************************	22. VIOLENCE: It death was due to external Accident, suicide, or homicide	Date of	(State)
18. Funeral director Address	J.S. Eve	rley a Va.	l	23. SIGNATURE Sauk	Injured at work?	O, or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information can fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS ANS

MARGIN RESERVED FOR BINDING



	A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
M	infor- state UPA-	1. PLACE OF DEATH	13021.1
101	should frocc	County ) Rever Keory	Registration Dist. No.
6	sh of	Village or City Strucky W	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
0	NS		ds. How long In U.S. if of foreign birth?yrsds
6	Every FSICIANS Statement	2. FULL NAME Toll dee 1 howy	7
	ED.	(a) Residence: No. I wandy come by	St., Ward.
		(Usual particulars  PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	RECO PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
でち	YT.	Teluse Col OR-DIVORCED (White the word)	(Month) (Day) (Year)
BINDIN	MANEN A C T assified	59. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. Thet Lattended deceased from
SIN	SNO	6. DATE OF BIRTH (month, day, and year) Sep 10-1945	I last saw h 2 alive on Cha 22 19 6 death is sai
03 H	4 - E	7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 2 - I m. 1:30 J. M.
FOI	IS A stated proper	23 lays orhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	HIS I be s be p of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Manales Julimonia april
VED	ould may pack	9. Industry or business In which work was done, as SILK MILL.	
RESER	50 E	SAW MILL, BANK, etc	
E	AGE SI that it ons on	this occupation (month and spent in this year) occupation	
	NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Freedmans 10016	Other Contributory Causes of importance:
MARGIN	AD) d. s, se	(State or country)	
R	UNFA supplied n terms, ee instr	13. NAME Odward I wown	
MA	o ti	13. NAME Odward Prown  14. BIRTHPLACE (city or town) Walder f	Name of operation Date of
	ITH Illy s plain . Se	(Stete or country)	What test confirmed diagnosis? Was there an autopsy?
	Lec'r, WIT] be carefully EATH in pla important.	16. BIRTHPLACE (city or town) Upker Maylon	23. If death was due to external causes (VIOLENCE) fill In also the following:
	car L'H l'H	(Stete or country)	Accident, suicide, or homicide? Date of injury, 19
1	d be cal	(Stele of County)	Where did injury occur? (Specify city or town, county and State)
1	ABUN	17. INFDRMANT (Address) / wandyway	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
		18. BURIAL, CREMATION, OR REMOVAL OF G	Manner of injury
	ion USE N i	Place Co Lawy VICED My Date 7 2 3 , 1946	Neture of Injury
0.1	WRITE mation s CAUSE TION is	19. UNDERTAKER Command Dionon actuma	24. Was disease or injury in any way related to occupation of deceased?
V. S. N	E T	20. FILED april 23, 1946 7 H Billingsley	(Signed) to the wind M. I
		If more blanks are needed, address State Registrar, 2	Address)  2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
			7 C.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.--The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	7.24	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 173 correct CERTIFICATE OF DEATH 1. PLACE OF DEATH: em of information carefully. The causes of death clearly and legibly. Prince Georges (If outside city or town limits, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: How long in hospital or institution?....

2. USUAL RESIDENCE (H (For newborn infants give	OME) OF DECEASED:
state Maryland	County Prince Georges
City or town	lle or town limits, write RURAL and give nearest town)
Street No. 7734 Emers	
2.(a) If veteran, name war WOX	If rural, give LOCATION)  Id War II
	3. (b) Social Security Number

3.(a) FULL NAME			3. (b) Social Security	Number
Thomas J.	Bukovac			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Married	2D. DATE DF DEATH 17 April 19 46	.11:34a
		C. Bukovac	21. I CERTIFY that death occurred on the date above stated: that I attended december 19	19
deceased (mo., day, yr.)		ber 1921		19
8. AGE: Years 24	Months 6	Days   If less than one day	burns, multiple fractures and lacer	DURATION
9. BirthplaceSWI.S.  10. Usual occupation  11. Industry or business	(Iown,	enna • county, and state)	Due to	***************************************
E 12. Name A.	J. Bukova nknown	ic .	- Dther conditions	
14. Malden name	Unknown Unknown	rds	Major findings of operations	
			PHYSICIAN: Please underline the cause to which death should be charged:	

Registrar

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(month) (day) (year) 194 hos D

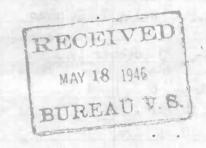
(Date rec'd by registrar)

Where did Injury occur? Prince Georges County (City or town) (County) Farm Injured at home, farm, Industry, public place (where?) ...

22. VIOLENCE: If death was due to external causes, fill in the following:

Injured at work? Yes

M. D. or othe Address.



LEGICAL AND STREET

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (3.4) CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give realdence of mother). Pince (If outside city or town limits, write RURAL and give nearest town information carefully of death clearly and (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Jeneral (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race MEDICAL CERTIFICATION Supply every item of ease write the causes MARGIN RESERVED FOR BINDING of wido wed Inni 15 19 46 at 6 0:1 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife..... 1946 to 7. Birth date of deceased (mo., day, yr.) DURATION It less than one day Years Months Days 8. AGE: 9. Birthplace .... (Town, county, an state) 10. Usual occupation. 11. Industry or business 12. Name. Other conditions ... important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden name. 15. Birthplace PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur? ..... WRITE (County) (State) Injured at home, farm, Industry, public place (where?) . injured at work? Meens of Injury Address NS



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 446

# CERTIFICATE OF DEATH

03974

Reg. Dist. No. 245

	rog. Dist. No.
1. PLACE OF DEATH: George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
10. 1.0. 1 400	State County
(If outside city or town limits, write RURAL and give nearest town)	City or town Washington
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Alland Memorial Hosp	Street No. (If rural, give LOCATION)
How long in hospital or instillution?	2.(a) If veteran, name war
3. (a) FULL NAME Whiston Ludwell.	Ches eldine 3. (b) Social Security Number
4. Sex male 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
35 While	20. DATE OF DEATH OFFICE TO THE STATE OF DEATH O
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I eltended deceased from
	march 1946 to april 8 1946
7. Birth date of deceased (mo., day, yr.) 7 4 9 1891	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
55 2 30min.	
8. Birippiace Maryland	Due to
(Town, county, and state)	
1D. Usual occupation.	Due to
11. Industry or business	
12. Name mad Phillip Henry fuls eldine	Other conditions
13. Birthplace Marty lang ( to Ch. D. O.	(Include pregnancy within 8 months of death)
14. Malden name Mary Stella Belle Dule	Major fiadings of operations.
15. Birthplace New Gersey	- Date of op.
18. informant M Rulling Marke Mefelow	Autopsy results
Address 3214 51 St. S.E. Wash. W.C.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?)  Date thereof. (month) (day) (month)	Accident, euicide, or homicide
Cemetery or crematory. It Bush Ending	Where did injury occur?
me Will reserved	Injured at home, farm, industry, public place (where?)
Location TO TO TO TO TO THE TOTAL ASSESSMENT	Maana of Injury Injured at work?
18. Funerat director.	
Address 2007- Hechos and E	23. SIGNATURE
Gent 8 146 James Devery	1) gi ki di
(Date rec'd by registrar) Registrar	Address Date signed.

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BUREAU V.B.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore (1766)

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: County Prince George's (For newborn infants give residence of mother) North Caroling College Park Fort Bragg (If outside city or town limits, write RURAL and give nearest town) Transient (If outside city or town limits, write RURAL and give nearest town) 504 Prcht. Inf. Hospital, Institution, or sfreet address where death occurred Route (If rural, give LOCATION) How long in hospital or institution?..... 2.(a) It veteran, name war. 3. (b) Social Security Number 3. (a) FULL NAME Clark, George Unk 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 4. Sex 20. DATE OF DEATH. Male White Married 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife. Ethel Jesse Clark Unk deceased (mo., day, yr.) 8. AGE: Years INK. Supp 20 Brook (county unk) Indiana (Town, county, and state) 9. Birthplace..... 10. Usual occupation Soldier 1t. Industry or business E 12. Name Clark, Faye W 13. Sirthplace Lowell, Indiana 12. Name Clark, Faye W (Include pregnancy within 3 months of death) 14. Molden name Clark, Alice M Major findings of operations..... Renssaler, Indiana 15. Birthplace

PLAINLY, vis especially Address Cemetery or crematory

16. Informant...

important.

t8. Funeral director ... Address

Date thereof.

Registrar

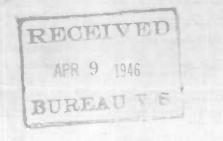
23. SIGNATURE

Injured at home, farm, Industry, public place (where?)

22. VIOLENCE: tf death was due to external cayses, fill in the following:

PHYSICIAN: Please underline the cause to which death should be charged statistically

M. D. or other Date signed. 4



# MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH

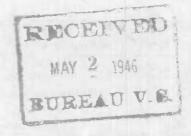
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T)	D: .	B.f	10
No.			

	2411 N. Charles St., Baltimore (140)
	ERTIFICATE OF DEATH  Rog. Diat. No. 23/
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town.  (If outside city or town limits, white RURAL and give nearest town)  Streel No. 4.3.2  (If raral, give IOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Clarke, Mr. Will	liam  3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, w widow	medical certification  20. Date of Death. 4 - 30 1946 at 9
13	and that I last saw h
8. Birthplace	tired )  Due to Neart Block, Left Bundle  Distance type  Distance Browning  Distance Many arteriosclerofic  Neart Disease mith  Due to Neart Block, Left Bundle  Distance type  Distance Browning  Distance Browning
14. Maiden name. unknown  15. Birlhplace unkenown  16. Informant. Mrs. Lawrence	(Include pregnancy within 3 months of death)  W. Major findings of operations.  Date of op.
(Burial, dremation, or remogal, Which?)  Cemetery or crematory reenfeld  The state of the state	PHTSICIAN: Please underline the cause to which death should be charged statistically.  1.1946 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Lengslead  18. Funeral director.	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?

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The correct age

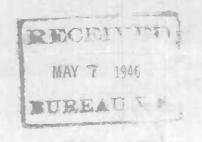
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03977

# CERTIFICATE OF DEATH

1. PLACE OF-DEATH: County Prince George's			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)					
City or tawn Glenn Dale - RURAL		State						
City or town. Glenn Dale - RURAL  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 20 days		City or town. Washington (If outside city or town limits, write RURAL and give nearest town)  Street No. 637-20 th, N.E. (If rural, give LOCATION)						
					Hospital, Institution, or street address where death occurred:  Glenn Dale Sanatorium  How long in hospital or institution? 20 days			
	v							
3. (a) FULL NAME  MABLE COOK					3. (b) Social Security Number			
				none				
4. Sex 5. Color or race		e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION				
female colored single			20, DATE DE DEATH APRIL 29 1946 31 6 P.					
			21. I CERTIFY that death occurred on the date abo					
B.(b) Name of husband or wite			APRIL 9 19.					
7. Birth date of			and that t last saw h alive on					
deceased (mo., day, yr.) 9-1-1893			Immediate cause of death	ī	DURATION			
8. AGE: Years Months	Days	If less than one day	PULMONARY TUBERC	UL0515	1 mos +			
52 8		hrsmln.						
9. Birthplace Athens, Georgis (Town, county, and state)			Due to		***************************************			
(Town, county, and state)  10. Usual occupation					***************************************			
			Due to		*******************			
11. Industry or business					***************************************			
James Hardmon  12. Name not known			Other conditions	***************************************	***************************************			
13. Birthplace no	t known							
			(Include pregnancy within 3 months of death)					
H	t known		Major findings of operations					
			Date of op					
1B. Informant deceased			Autopsy results					
Address					tation carry.			
17 Burial Date thereof May 4, 1946			22. VIOLENCE: tf death was due to external cause					
(Burial, cremation, or removal. Whice	h?)	(month) (day) (year)	Accident, suicide, or homicide					
Cemetery or crematory Tous	me a	emeterie	Where did injury occur?(City or town)	(County)	(State)			
Location Washing	igton,	D.C.	Injured at home, farm, todustry, public place (wh	nere?)				
12 Min and las			Means of injury Injured at work?					
18. Funeral director County /	3/0	11-2	0 . 0	D M				
Address 29 H	1. 1	m, - wic	23. SIGNATURE & anel 6	80 Finuear	e MX			
19. apr. 29, 1941	PROL	relands. Pluker	25. SIGNATURE OF TO	M. D. or				
19. (Date reckl by registrar) Registrar			Address V Com Dale	May Date aigned	1/29/46			



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1.4	An
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			and the same
CERTIFICATE	OF	DEA	HTA

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Carace yeargles	State Mendern County Trance george
City or town	
How long in above place of death? 11 days	(If outside city or town limits, write RUHAL and give hearest town)
Hospital Institution, or street address where death occurred:	Street No. 43/4 Chromatan Coal
Island Memorial Asspetal	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hermina Crogge	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temole white Newsreeg	20. DATE DE DEATH ARIL 17 1846 of 8-4 M
10. 00 · Canada	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	1919
7. Birth date of / 0	and that I last saw halive oe
deceased (mo., day, yr.) Nec 11, 1917	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Coreline edans.
28 4 6hrsmin.	Cerebal Concussion
9. Birthplace Dedender ud	and to Frankle I skell
(Town, county, and state)	D /
10. Usual occupation.	Due to
11. Industry or business to least tithough to	
12 Name Terror Charles Wiench	Other conditions Cally for a doll from
12. Kame Le Qui Charles Mienche 13. Birthplace Qui	(Include pregnancy within 3 months of death)
	(Include pregnancy within 3 mouths of death)
14. Malden name Mulie Ottille Arch  15. Birthplace Wash to	Major findings of operations.
∑ 15. Birthplace	Date of op.
16. Informant Desputar O Records	Autopsy results
Address	
Burial Date thereof Br 30. 1846	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal. Which)	Accident, suicide, of north special sp
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location washington, It.	injured ay home, farm, industry, public place (where?)
7 Marcha sono	Means branism of on College Harde Sport Truck
18. Funeral director.	helput medical Stame
Address Stallance mu.	23. SIGNATURE. CL. L. L
John to 19th James Severy	M. D. or other
(Date rec'd by registrar) Registrar	Address To Colonial Date signed 4 - 1/4 6

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APR 23 1946

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

(397)43 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Prince George's	n c
City or fown (rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	927 9 0 4
How long in above place of death? 13 days	City or town Washington (1f outside city or town limits, write RURAL and give nearest town)  Streel No. 1623 - 33rd St. W.
hospital, institution, or street address where death occurred:	Streel No. 1623 - 33rd St. W. W.
Glenn Dale Sanatorium	(If rural, give LOCATION)
How long in hospital or institution? 13 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
JOSEPH HUBERT	CULLINANE 578-05-9736
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH. APRIL 8 1946, at 6:50.M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
	MARCH 26 1946 to APRIL 8 1946
7. Birth date of Octobor 27 3007	and thet I last saw h. J. Ma. alive on APRIL 8 19.46
deceased (mo., day, yr.) OCCODET 21, 1707	Immediate cause of death
8. AGE: Years Months Days If less than one day	Pulssonary Tuterculous 4 wks.
38 5 18min.	
9. Birthplace Washington, D. C. (Town, county, and state)	Due to.
(Town, county, and state)	
10. Usual occupation. Mechanic	. Due fo
11. Industry or business Olmstead Motor Co., Arlington, Va	Puc 10.
	Other conditions
12. Name Cornelius Cullinane Ireland	Utner conditions
	(Include pregnancy within 3 months of death)
14. Malden name Delia Cloherty 15. Birtholace Ireland	Major findiogs of operations
15. Birthplace Ireland	Date of op.
16. Informant Decedent	Actorsy resolts.
TO, ISSUITED L.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burlal, cremation, or removal, Which?)  Date thereof 4 - 9 - 46  (Burlal, cremation, or removal, Which?)  Mt Ob VII	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)  Mt OL, VIT  (month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location WASH, DC,	Injured at home, farm, industry, public place (where?)
The B. H. Hines Co.	Means of Injury Injured et work?
18. Funeral director	$\Omega$ , $\Omega$ $\Omega$ .
Address 290/-14 Dt. 71. The Hashington h. C-	22 SIGNATURE & anel 680 + inucano 2018
" RIST & "41 Rowland S. Plulips	M. D. or other
19	Address & lenn Dale Mas Date signed 4/8/46

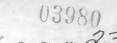
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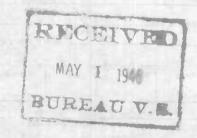
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICA	TE OF DEATH Reg. Dist. No. 25
1. PLACE OF DEATH:  County	State County Prince George  City or town Bladensburg, (If outside city or town limits, write RURAL and give nearest town)  Street No. 1621 Annapolis Road  (If rural, give LOCATION)  2.(a) It veteran, name war.
Naomi L. D'Orsey	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced    female   White   Married    6.(b) Name of hosbard or wife   Robbin   A	MEDICAL CERTIFICATION  20. DATE DF DEATH WALL 29 18 4 20 18 18 1 21 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Bays If lead than one day hrs. miles  9. Birthplace (Town, county, and state)	and that Mast saw h
11. Industry or business  12. Name	
Address 4621 - Annopolis Ro  17. Bate thereof P. Company (Month) (day) (year)  Cemelery or crematory. Address 2901 - 14 4 37 444	(City or town) (County) (State)



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(Date rec'd by registrar)

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Brow

112001

CERTIFICAT	TE OF DEATH  Reg. Diat. No
1. PLACE OF DEATH:  County RINCE GEORGE  City or town IIII Service RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  5893 TEMPLE ROAD  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State MARYLAND County PRINCE GEORGE  City or town TEMPLE 11 LLS (If outside city or town limits, write RURAL and give nearest town)  Street No. 5093: TEMPLE ROAD  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
EDWARD FRANCIS  4. Sex 5. Color or race (6.(a) Single, married, widowed, or divorced	DOWNS
MALE WHITE MARRIED	MEDICAL CERTIFICATION  20. DATE OF DEATH OF LAND CO. 19 4 6 at 4 4
8.(b) Name of husband or wife AZEL DOWNS  T. Birth date of deceased (mo., day, yr.) NOV, 10, 1896  8. AGE: Years Months Days It less than one day hrs. min.  9. Birthplace DIST: OF COLUMBIA  (Town, county, and state)  10. Usual occupation. BOLLER MAKER	21. I CERTIFY that dead occurred on the dale above stated; that I attended deceased from  19. 10. 19.  and that I last saw h. alive on
12. Name FDWARD F. DOWNS  13. Birthplace MARYLAND  14. Maiden name FRANCIS GAFFENY  15. Birthplace MARYLAND  18. Informant MRS. HAZEL DOWNS	Other conditions
Address 5093 - TEMPLE HILL RD MD.  17. Burel Gfr 9 46  (Burlal, cremation, or removal, Which?)  Cemetery or crematory  Location  18. Funeral director. W. W. CHAMBERS	22. VIOLENCE: if death was due to external causes, till in the following:  Accident, suicide, or homicide

23. SIGNATURE.



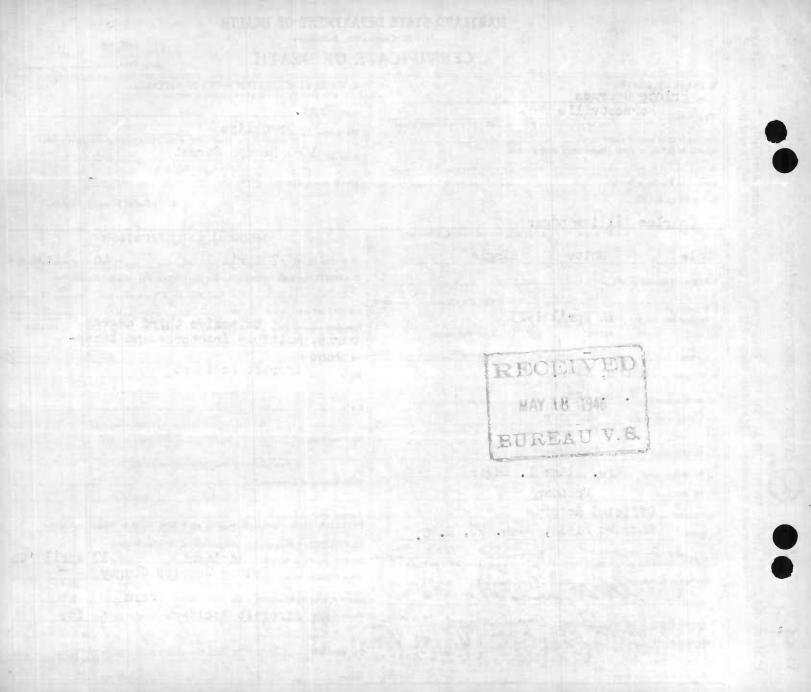
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73)

# CERTIFICATE OF DEATH

	03	98	2	2	1	5
-	Reg.	Dist.	No.	1	7	_

				***************************************
1. PLACE OF DE	George		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Fo	rrest.ville		State Mass. County	
City or town(If	outside city or town li	mits, write RURAL and give nearest town)	Proofeline	
		••••••••••••••••••••••••••••••	(If outside city or town limits, write RURAL	and give nearest town)
Hospital, Institution, or	r street address where	death occurred:	Street No. 1061 Beacon Street	
How long to hospital o	or tastitution?		(If rural, give LOCATION)  2.(a) It veteran, name war. World War II	• /
3. (a) FULL NAM	E		2 (1) 5	I C N I
			3. (0) Socia	I Security Number
Charles 4. Sex	William E	6.(a)Single, married, widowed, or divorced		
	111111111111111111111111111111111111111		MEDICAL CERTIFICAT	ION
Male	White	Single	20. DATE OF DEATH 17 April	19.46 ,at 11:34 a m
6.(6) Name of husband	or wife		21. I CERTIFY that death occurred on the date obove stated; that I a	ittended deceased from
			, to	19
7. Birth date of	71 / / 3		and that I last saw halive on	
deceased (mo., day, ;			Immediate cause of death Extensive third of	legree DURATION
8. AGE: Years	Months	Days If less than one day	burns, multiple fractures and	lacer-
23	•	3min.	ations	
a Rirthalaca Bo	ston. Mass		Aircraft Accident	***************************************
3. pirtupiace	(Town,	eounty, and state)	Due 10	
10. Usual occupation	U. S. Army			
11. Industry or busines	77 1		Due to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
H 12. Name	Unkno	Wn	Other conditions	
12. Name	Unkno			
			(Include pregnancy within 8 months of death)	***************************************
14. Malden name.			Major findings of operations.	·····
≥ 15. 81rthplace	Unkn	own _	Date	at an
16 Interment Of	ficial Rec	ords	Autopsy results	
Andrews Field West 20 B			PHYSICIAN: Please underline the cause to which death should	
A			22. VIOLENCE: If death was due to external causes, fill in the follow	wing:
17. Jen	, or removal, Which?)	Date thereof 17 1946 (month) (day) (year)	Accident	17 Annil 116
			Where did injury occur? Prince Georges Cou	intv
Cemetery or crematory		F 0 8		
Locationwa	say	good. C.	Injured at home, farm, Industry, public place (where?)Farm	
18. Funerat direct	Jastle	true of Home	Means of Injury Aircraft Accident Injured a	t work? Yes
341	PP.	t. 177 /17 / 11	plepaty needeest	Start
Address	- laple	my si wash be	23. SIGNATURE OFFICES J.	Jord
" 4-17- "46 Thord Duflith		Thord Hillitte	M. D. or other	
19			Address Townsung Key	12to stoned 4-17-46



VS AIS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /07/

CERTIFIC	ATE OF DEATH Reg. Dist. No. 2 42
1. PLACE OF DEATH.  County	Street No. 477- (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME Mary and	1 Fiscenti 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH
8.(6) Name of husband or wife  8.(c) If elive, give age ye 7. Birth date of deceased (mo., day, yr.)	april 3 19 76 10 april 11 19 46
8. AGE: Years Months Days It less than one day  2 4 19	Immediate caose of death BURATION & Clay
9. Birthplace (Towns county, and state)  10. Usual occupation.	Due to.
11. Industry or business	Due to
12. Name 120 Tolume 13. Birthplace D.C	(Include pregnancy within 3 months of death)
14. Maiden name AML Seganae 15. Birthplace  Maiden name AML Seganae	(Include pregnancy within 3 months of death)  Major fiedings of operations
16. Informant Jeb. P. Franci Address 4/97- 6/11. St.	Aotopsy results
17 Burial, cremation, or removal Which?)  Cemetery or crematory  Cemetery or crematory	22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide
Location Sujiticand Md-	Injured at home, tarm, industry, public place (where?)  Means of thjury  (City or town) (County) (State)
Address 350-424 NE-Wash De	23. SIGNATURE William Braum
19 (Date ree'd by registrar) 19 4 6 Chene Connex Registrar)	rar Address Cantol Hylo, me Bate stand 9/11/4



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-00

## CERTIFICATE OF DEATH

03984 Reg. Diat. No. 245

1. PLACE OD DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Prime 7 co. Co	(For newborn intents give residence of mother)
	State and County Pr. Gue. 6
(If outside city or town limits, write RURAL and give nearest town)	State County
(if outside city or town limits, write KUKAL and give nearest town)	City or town to. Truesdale
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 5406 questana Ct.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles H. Vaule	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or alvorced	MEDICAL CERTIFICATION
m m l.	1
/// Suegle	20. DATE OF DEATHE april 30 1946, 216
	21. I CERTIFY that dean occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	
	JM 19 40 10 Upr 30 19
7. Birth date of	and that I last saw h Alalive on 450
deceased (mo., day, yr.) / Nov. 19-1869	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
0. 1102.	CONTROL OF THE CONTRO
/	
9. Birthplace Richard Va	***************************************
9. Birthplace (Town, county, and state)	Due to
(20wii, county, and plate)	
10. Usual occupation Muchanie	
	Due to
11. Industry or business	
12. Name John dayle	Other conditions
13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Maiden name Lolizabeth Parker	
E	Major findings of operations
≥ 15. Birthplace	Bate of oo.
Minlie Bielian maise	
16. Informani / Julie Ju	Autopsy results
Address 406 quentara St. Kineralde ned	I stroichte. I sease undernite the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Bullet Bale thereof 5-3-46	Accident, suicide, or homicide
(Burlal, cremation, or removal. Which?) (month) (day) (year)	
Cemelery or crematory was word Leaveling	Where did injury occur?
CR: 1 N	
Location Mulmund 1/2	tnjured at home, farm, industry, public place (where?)
11711 Chambers C.	Meens of Injury Injured at work?
18. Funeral director. A Caracteristics of the state of th	
Address Fire Riverdale - rud.	There and I land
number of the state of the stat	23. SIGNATURE
april 30 46 Varies & elser	M. D. or other
(Date rec'd by registrar)  Registrar	11dian - 4 19014
Negional /	Audress U218 Signed R. C.



## MARYLAND STATE DEPARTMENT OF HEALTH

	13025 (5
CERTIFICAT	TE OF DEATH Reg. Diat. No.
LACE OF DEATH: See	2. USUAL RESIDENCE (HOME) OF DECEASED: (Formy form of tapts give residence of mother)
r town. (If outside city or town limits, write/RUKAL and give nearest town)	State County County
	City or town
ong in above place of death? MMS Tlyne	(If outside city or town limits, write RURAL and give nedrest/town)
al, institution, or street addross where death occupied:	Street No. (If rural, give LOCATION)
ong In hospital or institution?	2(a) If veteran, name war
FULL NAME above	Toldfark 3. (b) Social Security Number
5. Color of face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
ale White married	20. OATE OF DEATH WOULD 13 1946 21 4. 54 P. M
Name of husband or wite. Dorca	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
	18 19 46, to, GRUU 13 19 46
th dato of	and that I last saw h Lin alive on Africa 12 19 46
eased (mo., day, yr.)	Immediate cause of death OURATION
GE: Yeafs   Months   Days   It less than one day	
TO DO MIN.	Council 4 country
rthplace	Oue to.
(Town, county, and atate)	V
sual occupation.	Que to.
ndustry or business	
2. Name Cuffiour	Other conditions
3. Birthplace Kussea	
4. Maiden name curllnown	(Include pregnancy within 3 months of death)
5. Birthplace Russeyer	Major findings of operations
tormant Jora Goldfarh.	Antopsy results.
Idress 19 40 Montord ave,	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Durial 4-15-46	22. VIOLENCE: If death was due to external causes, till in the following;
uriai, cremation, or removai, Which?) (month) (day) (year)	Accident, suicide, or homicide
netery or crematory	Whore did injury occur? (City or town) (County) (State)
ation Nebrew Dewelry balto	Injured at home, farm, industry, public place (where?)
unoral director Jack Lewis Fraces	Means ot injury Injured at work?
1100 Entain Place Patte Md	Storage and som
april 13 , 46 mal 12 Grighins	23. SIGNATURE M. D. or gtpgr
Dat rec'd by registrar) Registrar	Address Date Signed April 18/4

Mar John ight

RECEIVEL

AFR 18 1946

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#### MARYLAND STATE DEPARTMENT OF HEALTH The correct age 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 242 1. PLAGE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother (If putside city or town limits, white RURAL and give nearest town) information carefully of death clearly and (If outside city or town limits, write RERAL and give pagrest town) How long in above place of death?.. Hospital, Institution, or street address, where death occurred 42h (If rural, giva LOCATION) How long in hospital or institution?. 2.(a) if veteran, name war 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION every item of ite the causes MARGIN RESERVED FOR BINDING 2D. DATE DE DEATH. S.(c) If alive, give age ... 7. Birth date of deceased (mo., day, yr.) DURATION Supply tf tess than one day Years 8. AGE: 10. Usual occupation. ADING 11. Industry or business 13. Birthplace (include pragnancy within 3 months of death)

WITH UN important especially

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? .....(City or town)

SE

A15

Date thereof. Office 22 (month) (day)

23. SIDNATURE.

Major findings of operatious.....

tnjured at home, farm, Industry, public place (where?) ..... Meens of Injury Injured at work?

PHYSICIAN: Plaasa undarline the cause to which death should be charged statistically.



## MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 9 CEDTIFICATE OF DEATH

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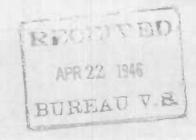
147

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:  County  City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lafants give residence of mother)  State
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME  Archice Hardison  5. Color or race   6.(a) Single, married, wildowed, or divorced	3. (b) Social Security Number  0 43 -18- 3332  MEDICAL CERTIFICATION
ne w widowed	20. DATE OF DEATH CLASS 19.4 6 21 9 7 1
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 19. 6.  and that I last saw h. A. alive on Office of the state of
deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day  7.6 . 5	Immediate cause of death  Oscille Cornery Missier 2:0 Hours
9. Birthplace Market (Toyn, county, and state)	Due to Jewestel arthur Selansia wilman
10. Usual occupation. Talksuna.  11. Industry or business Stansacte Parit Carp.	Due to
12. Name John Robert Hardeson	Dther conditions
14. Maiden name Susan Channely 15. Birthplace No Carolina	(Include pregnancy within 5 months of death)  Major findings ol operations.
16. Interment A stilly and I have a	Autopsy results.
Address Chulon - 11 15 119 46.  (Burial, cremation, or removal, Which?)  Oate thereot (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the tollowing:  Accident, suicide, or homicide
Cemetery or crematory	Whera did injury occur?
18. Funeral director N. M. Chambers Co.	Meane of Injury Injured at work?
Address 9 7 7 - 1/ 19 80. g. E.	23. SIGNATURE M. D. or other
(Date rec'd by registrar)  Registrar	Address 1/22/11/2011   July Date signed 1

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 933

03988

CERTIFICAT	E OF DEATH Reg. Dist. No	45
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town  Off outside city or town limits, write RURAL NEAR and give	rd No.
Stay in this community (yrs., or mos., or days)	(If rural give LOCATION)  2(a) IF YETERAN, NAME WAR	bur of
3. (a) FULL NAME William Surray Harl	3. (b) Social Security I	Number
1. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced much	MEDICAL CERTIFICATION  2D. DATE OF DEATH  APPLICATION  19 44	1 , at 7:36 M
6 (b) Name of husband or wife Many Sarvin Janley  Color of the street of Scott of the street of the	21.1-SERTIFY that death occurred on the date above stated; that I attended decea	2 19 4 4
8. AGE: Years Months Days If less than one day	Immediate crase of death my securdities	OURATION
9. Birthplace Mith Muy Or Mrs - Cr. My, (Town, county, and state)  10. Usual occupation Alarman	Due to	
11. Industry or business Inturn	Due to	
12. Name Jungs Henry Harley  13. Birthplace le harly la. In.	Other conditions	
14. Maiden name surgianion dinomana 15. Birthplace de harls lor. Ing	Major findings:  Of operations	PHYSICIAN Please underline the cause to whic death should be
Address 6876 Bocks Rd. SE. Wash, DC,	Df autopsy	charged statisti- cally.
17. Sourced (Burial, cremation, or removal, Which?)  Bate thereof april 10, 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, flil in the following;  Accident, suicide, or homicide	
Location Mitchellbelle md	Where did injury occur? (City or town) (County)  Injured at home, farm, industry, public place (where?)	(State)
18. Funeral director blarence From a cre Address Mitchellville Md	Means of Injury Injured at work?	9.20
19. an-9 1946 Louise N. Peach (Dite rec'd by registrar)	23. SIGNATURE JOHN ST January Date signed	or other 146

MAY 7 1946
BUREAU V R

		23/
1. PLACE OF DEATH:  County Clark Congression of the County County Clark County County Clark County Coun	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)  Stale	esrg rest town
3.(a) FULL NAME Robert Honan	3. (b) Social Security N	Number
4. Sex   5. Color or race   6.(a) Single, madjed, widowed, or divorced	MEDICAL CERTIFICATION	04
male W	20. DATE OF DEATH ARRIVE 26 19 1/2	//
8.(b) Name of hueband of wife and Dor an	21. I CERTIFY that death occurred on the date above etated; thet t attended decea	aeed from
a (a) Mallion also acc	ears 4-15 19.46 to 4:26	
7. Birth date of deceased (mo., day, yr.) June 30 - 189	and that I tast saw h	OUR
8. AGE: Years Months Days It lees than one day	Immediate cause of death 4-1-46 and	UUN
46 56 10 24hrs.		260
9. Birthplace	Oue to	***********
10. Usual occupation Telegraphic clerk.		************
11. Industry or business	Oua to	
	Biher conditione! aoti Stroni	204
13. Birthplace	(Include pregnancy within 3 months of death)	14
14. Malden name Many Sulliven Spelon o	(Include pregnancy within 3 months or death)  Major fiadings of operations.	
15. Birthplace Anelon of		
18, Interment Mas ang Horan	Autopsy results. S. C.	
Address, 3401 New Tin St. MI Renico.	PHYSICIAN: Please underline the cause to which death should be charged a	statistically
17 Burial Date thereof April 29, 193	22. VIOLENCE: ti death was due to external causes, till in the tollowing:  Accident, euicide, or homicide	
(Burial, cremation, or removal. Which?) (month) (day) (year)		
Cemetery or cremetory		(State)
Location Duffland	Injured at home, tarm, industry, public place (where?)  Meane of Injury  Injured at work?	***************************************
18. Funeral director Sames	modic of injuly	
100		
Address 317-8a and SE	23. SIGNATURE LIBRAGIA LA D. M. D. O.	



X	Evidence for a sex & color is	shown on	2411 N. Charle	PARTMENT OF HE	۵0:	399() leg, Dist. No	231
i	1. PLACEOF DEATH. County	Ly or town limits, write RURAL and	I II I I I I I I I I I I I I I I I I I	State	HOME) OF DECE	URAL and give near	rest town)
	How long in hospital or institution	n?		2.(a) If veteran, name war	***********************	***************************************	
	3. (a) FULL NAME	wm. A	Torn		3. (b)	Social Security N	Number
75		or race 6.(a)Single, married, with	dowed, or divorced	ME	DICAL CERTIF	CATION	
NI IN	3 9	ite		20. OATE OF DEATH.	k. 18	1046	3/5 P
OR BI	8.(b) Name of husband or wife.	Cedward Sto	eru/ ne age years / & 7 G	21. I CERTIFY that death occurred to the state of the sta	od on the date above stated;	that I attended decea	sed from
	deceased (mo., day, yr.)  8. AGE: Years Mo	onths Days   If less th	nan one day	Immediate cause of death	enve Card	y.	DURATION
RESERVED	9. Birthplace	h of Calcus	ibia	Due to	ww		5 yr.
MARGIN 1	10. Usual occupation	and lost		Oue to	Lan Coth	luna -	9 nio
MA	12. Name	Mere	wi	Other conditions	nancy within 3 months of	death)	
3	od   6	L		Major findings of operations	••••••••••••••		******************
1)	18. Informant	and Harri	M	Autopsy results	***************************************		*****************
	18. Informant	Date thereof	-22-46 inthy day (year)	22. VIOLENCE: If death was do	**************************		000000000000000000000000000000000000000
	Cemetery or crematory	r. Kuralir	D	Where did injury occur?	public place (where?)		(State)
/	18. Funeral director	serdale ~	ral	Means of Injury	Minit	njured at work?	
VS	19. 420 (Dato rec'd by registrar)	1946 Amanda	Douney	23. SIGNATURE 4. Address 3827-35	+ mtPain	M. D. or	110-4

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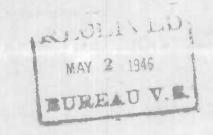
## MARYLAND STATE DEPARTMENT OF HEALTH

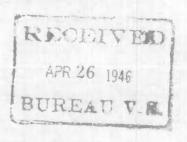
2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03991 Reg. Dist. No. 243

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
County Prince	e George's	- 7	7/ 7 2			
City or town. Tur	al) Glenn	Dale.	Maryland URAL and give nearest town)	State D. Coun		
How long in above place	of death? 22	days		City or town Washington (If outside city or town limits,	write RIRAL and give negret fown	
Hospital, Institution or	street address where	death ,occurred	1:	Streel No. 1008 - 5th St.	N. W.	<b>'</b>
G_lei	nn Dale Pa	natori	um	(If rurai, give I		**********
How long in hospital or	Institution?	2 days		2.(a) If veteran, name war	V	
3. (a) FULL NAME						
J. (4) 1011 111111	R	A 1 1	PH C. JOB	SON	3. (b) Social Security Number	
A C	5 00100 00 000	, , , , , ,			217-18-5992	
4. Sex	5. Color or race		e, married, widowed, or divorced		RTIFICATION	
Male	White	Wide	wed	2D. DATE DF DEATH	or 25,1946 at 6	200 P. M
6.(3) Name of husband of	Nabel	Brown	Johan (dedeased			
				ass. 3, 194	6 to ass 25.	946
7. Birth date of			c) It alive, give ageyears	and thell last saw h. Lienalive on	ask 25 1	946
deceased (mo., day, yr	) October	. 28, 1	.890	Immediate cause of death		RATION
8. AGE: Years	Months	Days	If less than one day	Pulmovary To	elerculosis 2	428
55	5	28				1
9. BirthplaceD	uBois. Per	nsvlva	nia	Due to.	***************************************	
				505 (U	••••••	
1D. Usual occupation	Electric	ian	***************************************	Due to		,00000000000000000
11. Industry or business				Due to		**************
4.1		Tobson				
-	DuBois,	Pennsy	rlvania	Dther conditions	••••••	••••••
				(Include pregnancy within 3 me	onths of death)	
14. Malden name		*********************		Major findings of operations		
15. Birthplace	DuBois,	Pennsy	/lvania	Major hearings of operations.		
	Decedent					
16. Intermant				Antopsy results		y.
Address				22. VIOLENCE: If death was due to external cause	es. flil in the following:	
17(Burial, cremation,	oval	Date there	eot 29,1946 (ponth) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation,	or removai. Which?)		(month) (day) (year)			
Cemetery or cremator	y	7 14	\	Where did injury occur?(City or town)	(County) (State)	
Location	40 D.C	-: VY	lorque.	Injured al home, farm, Industry, public place (whe	re?)	*************
1D Emparel disector	The M.	Dani	in assist Sult	Means of Injury	Injured et work?	
D. Peneral Giracios	D. 1.	50. 0	W. A of Co.	0 . 1	2 M.	
Address XI-CCC	m Bru	July 1	mm sering	23. SIGNATURE & anel L	of mucano	me
10 alsa	25,46	Kow	land D. Plubps	Les On o	M. D. or other	1
(Date rec'd by reg	istrar)		Registrar	Address Vlenn Hale	100 Date signed 4/25	1146





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GI	DING INK. Supply every item of information carefulysicians: please write the causes of death clearly-e
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## MARYLAND STATE DEPARTMENT OF HEALTH

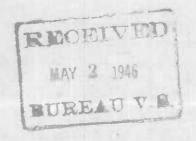
2411 N. Charles St., Baltimore

# 03993

## CERTIFICATE OF DEATH

Reg. Dist. No. 243-

1. PLACE OF DEATH:  county Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)
City or town Orural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	StateDC. County
	City or town
How long In above place of death? 2 moss, 1 day Hospital, Institution, or street address where death occurred:	
Glenn Dale Sanatorium	Streel No. 2224 - 6th St. N. W.
How long in hospital or institution? 2 mos 1 day	(If rurul, give LOCATION)
	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
POMPEY JONES	242-14-5-5963
Male Male Married    S. Color or race   6.(a) Single, married, wildowed, or divorced   Married	MEDICAL CERTIFICATION  2D. DATE DF DEATH. Grand 19 19 446 21 8.20 A M
6.(b) Name of husband or wife Ruth Evelyn Jones	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	2/18 19.46, to 4/19 19.46
7. 8 irth date of S	and that I last saw h. kmm. alive on 4/19 19 46
deceased (mo., day, yr.) September 13, 1918	Immediate cause of death fundamenting Indianantals DURATION
8. AGE: Years Months Days If less than one day	14 mos
27 7 6hrsmln.	- Continuous and a cont
9. Birthplace Rocky Mt., North Carolina (Town, connty, und state)	Due to
10. Usual occupation Bakers! Helper	Nue In.
11. Industry or business	DUE 10
¥ 12. Name Pompey Jones	Diher conditions
12. Name Pompey Jones 13. Birthplace Rocky Mt., North Carolina	Direc Conditions
	(Include pregnuncy within 3 months of death)
14. Maiden name Blummer Vaughan Rocky Mt., North Carolina	Major findings of operations.
16. Informani Decedent	Antonsy results.
	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Comment of the Comment of th	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burisi, cremation, or removal, Which?)  Date thereof. (Mar. 1994)  (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
11/aslington, D. C.	
Location CC	Injured at home, farm, Industry, public place (where?)
18. Funeral director to torsell of arms Co.	Means of Injury Injured at work?
Address 1432 Morle St nzu?	(1) 2 0 1 91
19. apr. 19. 19 (16 Rowland S. Philips (Date Fee'd by registrar)	23. SIDHATURE X and Leo + mucane MX, M. D. or other Address & len Dale Ma Date signed 4/19/46
	Manage of the state of the stat



03994

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 245

CERTIF	ICAIL OF DEATH Reg. Diat. No.		
1. PLACE OF DEATH:  County Frince George 18	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Prince Gorge's		
City or lown	City or town. Hye ttaville city of town limits, write RURAL and give nearest town)  4109 Queen abury Road		
Leland Memorial Hospital	(If rural, give LOCATION)		
How long in hospital or instilution?	2.(a) If veleran, name war		
Thaddeus Douglas Jone	3. (b) Social Security Number		
Male 5. Color or race 6.(a) Single, married, wildowed, or divorced Stars	MEDICAL CERTIFICATION  20. DATE OF DEATH		
6.(b) Name of husband or wife	21. I CERTIFY Ihal death occurred on the date above stated; that I ettended deceased from		
7. Birth date of deceased (mo., day, yr.)  June 30, 1943	and that I last saw h   alive on   19		
8. AGE: Years Months Days If less than one day	min.		
9. Birihplace	Due 10. Universal burns of the body and lower extremities		
10. Usual occupation	Due to		
12. Name. Edward C lement Jones 13. Birthplace Montana			
14. Maiden name Anna Viola Vadnais	(Include pregnancy within 3 months of death)  Major fiadings of operabous		
15. Birthplace North Dakota	Bale of op.		
16. informant Edward C. Jones	Autopsy results		
Address 4 109 Queen 3 bury Rd., Hyatta	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide. Accident Date of 4/11/46.  Where did injury occur? Hyattaville P. G. Md.		
Location murking nd	(City or town) (Connty) (State)		
19. Funeral director of Rasch's sons	Meeled work hes caught on filling at rock on trosh		
Address Styatterelle Ind	D eputy Medical Exampler		
Dul 15 156 Janus Slovey (Bate ree'd by registrar)	23. SIGNATURE M.D. Osher  Address Thestall L. Date signed 4.1.3.4.		

MARGIN RESERVED FOR BINDING

A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  Ceunty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Streel No. 6. 9  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
4. Saz   5. Colur or race   6.(a) Single, married, widowed, or divorged	MEDICAL CERTIFICATION
m w navery	20. DATE OF DEATH. Company 18 19 46 at 11 4 M
8.(b) Name of husband or wife.	21. I CERTIFY that death eccurred on the dale above etated; that I attended deceased from
7. Birth dale of	and that I fast saw hallye on
deceased (mo., day, yr.) (1100 UST 29 - 1908	Immediate cause of death Constant Constant DURATION
8. AGE: Years Months Days If less than one day	Immodiate Cause ut death 15 hours
9. Birthplace	Due to
10. Usual occupation P.a. d. D. Lagineer	Oue to
11. Industry or business	
12. Name Verman Klein  13. Birthplace  Custria	Other cenditions
	(Include pregnancy within 3 months of death)
	Major findings ul uperations
\$ 15. Birthplace	Dale et ep.
18. Informani Dina Dima Ricin	Autopsy results
Address 609 QUE K Wistriet Leights	22. VIOLENCE: If death was due to external causes, till in the tollowing;
17. than sport attent (Burls), cremation, or removal. Which?)  (Burls), cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory New York 14-4	Where did injury eccur?
	Injured al home, farm, Industry, public place (where?)
Location	Meene of Injury Injured al work?
18. Funeral director D Damansky T DTW	mont of injery
Address 3501-1444 At 12011	23. SIGNATURE William Brainin
19. april 18. 19. 46 Janus Severy Registrar	Address Capital Height mo Date signed 4/11/16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and digibly.

MARGIN RESERVED FOR BINDING

A15 SA

APR 22 1946.
BUREAU V-B

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 9320 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) information carefully. The of death clearly and legibly (If outside city or town limits, write RUPAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?.. 3. (b) Social Security Number 3. (a) FULL NAME 5. Color or race MEDICAL CERTIFICATION every item of ite the causes MARGIN RESERVED FOR BINDING M. 2D, DATE OF DEATH .... 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife ... write 7. Birth date of deceased (mo., day, yr.) If less than one day 8. AGE: ADING INK. Supp Physicians: please 66. Due to. 11. Industry or business 12. Name... important. 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations..... especiall PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? ...... WRITE (City or town) injured at home, farm, industry, public place (where?) ..... Injured at work? Means of Injury 23. SIGNATURE. SN

APR 22 1946
BUREAU V E

important.

1. PLACE OF DEATH:

county Prince George's

How long in hospital or institution?..

3. (a) FULL NAME

Male

7. Birth date of

9. Birthplace.....

1D. Usual occupation. 11. Industry or business 12. Name...... 13. Birthplace

14. Maiden na

Address

14. Maiden name

(Dete rec'd by registrar)

8. AGE:

6.(b) Name of husband or wife

deceased (mo., day, yr.)

Years

China

4. Sex

(rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give neere

3 mos.,

6.(a) Single, married, widowed, or di

.6.(c) it alive, give age .....

It less than one day

Married

How long In above place of death? 3 mos., 29 days Rospital, institution, or street address where death occurred:
Glenn Dale Sanatorium

5. Color or race

Months

Waiter

Fon Poo Lee China

China

Lims

Decedent

Chinese

Lew Lee

August 10, 1898

Days

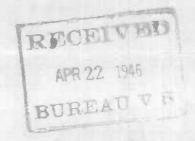
(Town, county, and state)

## MARYLAND STATE DEPARTMENT OF HEALTH

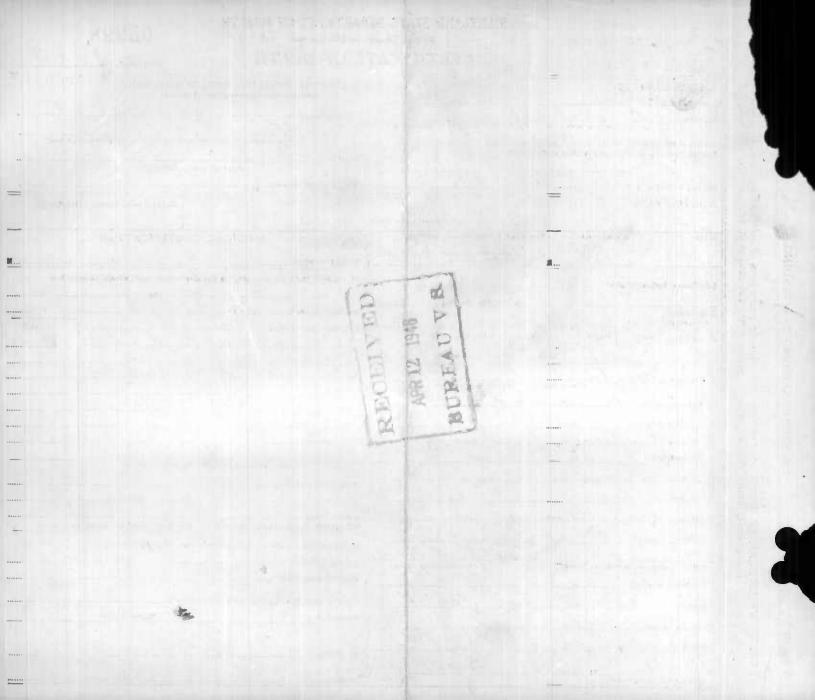
2411 N. Charles St., Baltimore /3-

# CERTIFICATE OF DEATH

O MONAL PROIDENCE (TYO)	ATTO OF PROPERTY
2. USUAL RESIDENCE (HOI (For newborn infants give resi	VIE) OF DECEASED:
	County
City or town Washington	
City or town (If outside city or to	own limits, write RURAL and give nearest town)
Street No. 605 Eye S	St. N. W.
	ural, give LOCATION)
2.(a) It veteran, name war	
	3. (b) Social Security Number
91	579-26-5731
0	AL CERTIFICATION
_ 2D, DATE OF DEATH WORK	1 12 19 46 at 12:25
21. I CERTIFY that death occurred on the	e date above stated; that I attended deceased from
	19 4 5, tolepris 12, 19. BL
are	april 1 12 1946
diate cause of death	24/22
T	Olone
- manager	elfoses
Due to	
	***************************************
Due to	
·· Other conditions	
(Include pregnancy	within 3 months of death)
Major findings of operations	
_	Date of op.
Autopsy results	
PHYSICIAN: Please underline the car	use to which death should be charged statistically.
22. VIOLENCE: It death was due to ex	ternal causes, till in the tollowing;
Accident, sulcide, or homicide	Date of
Where did injury occur?(City o	r town) (County) (State)
Injured at home, farm, Industry, public	place (where?)
Means of Injury	Injured at work?
	20 M.
23. SIGNATURE & Denell	Leo Finicare MX
23. SIGNATURE.	M. D. or other



191 7170



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

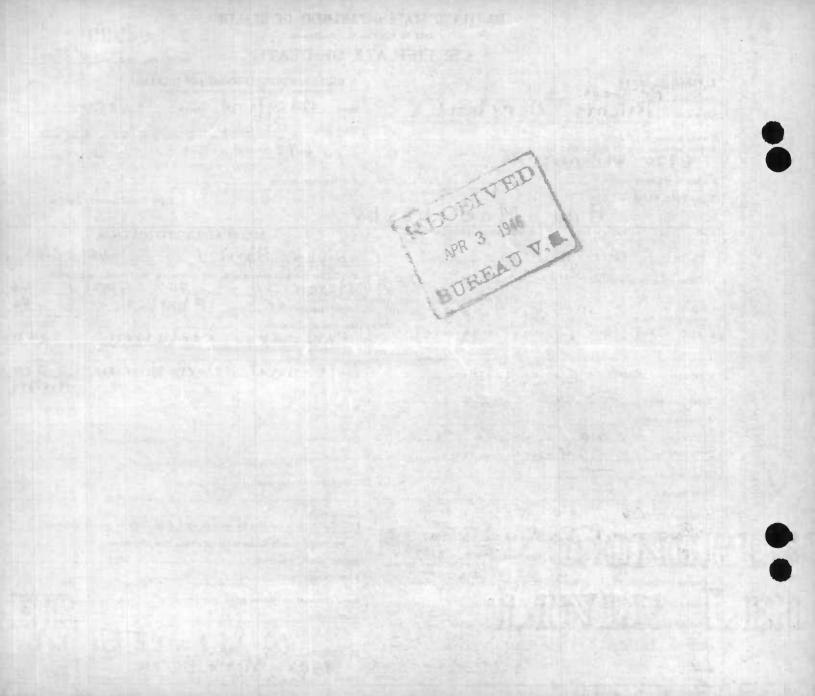
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 947

# CEDTIFICATE OF DEATH

03999 242.

CERTIFICA	Reg. Dist. No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Py. Geos.	Marshard Py (see	
City or town (If outside city or town limits, write RURAL and give nearest town)	SIBIE COUNTY	000000000000000000000000000000000000000
Now long in above place of death?	City or town	rest town)
Nospital, Institution, or street address where death occurred:	Street No. 6920 Writehouse Rd.	
6920 - Whitenouse RL	(If rural, give LOCATION)	***************************************
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Haa Mae Lust	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widowed	20. DATE OF DEATH A DY2 1 1946	, 5:00 · N
6.(b) Name of husband or wife 6 h - 1 stophe T.C. husby	21. I CERTIFY that death occurred on the date above stated: that I ettended dece	ased from
6.(c) If alive, give age	March 31 1946 to April	1 19 46
7. Birth date of M 10 1000	and that I last saw h. e. alive on	197.5
decessed (mo., day, yr.) O a y & 7, 1087,  8. AGE: Years   Mooths   Days   It less than one day	Immediate cause of death	DURATION
5 8hrsmin.	Coronary occlusion	24 hr
		3 V
9. Birthplace (Town, county, and state)	Due to General Ayleyto Shlerosis	3 Yvs
10. Usual occupation Itouse Wife		1712(813.
11. Industry or business	Due to	***************************************
E 12. Name John Tucker.		•••••••••
	Other conditions	800000000000000000000000000000000000000
	(Include pregnancy within 3 months of death)	
14. Malden name	Major findings of operations.	
≥ 15. Birthplace	Date of op.	*************************
18. Interman Ada mae Jaffney	Autopsy results	
Addres 3216-6 Th. Sr. S. arlington Va.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Rusia D. Ansil 3 1946.	22. VIOLENCE: If death was due to external causes, till in the following;	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	**********************
Cemetery or crematory of arestrulla Counterry	Where did injury occur?	(State)
Location Forestrille Md.	Injured at home, tarm, industry, public place (where?)	000000000000000000000000000000000000000
18. Funeral director W. W. Chambers Co.	Means of Injury Injured at work?	
Address 5 17-11 FR. St. Washington D.C.	( ) 8. + (D) T. T.	MIR
me ville	23. SIGNATURE W. M.D.	or other
19. 4-1-46 (Date ree'd by registrar) Registrar	Address Wash Pitchie Ra SE M.D. C. Date signed.	1 Abr 46
/ Mediatra	Adoless Date signed	7 Top A W



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-7

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Lines George	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits write RURAL and give nearest town)	State Man County Prince Florige
How long in above place of dealh?	City or town (If outside city or town limits write RURAL or give nearest town)
Hospital, institution, or street address where death occurred:	Sireet No. 5117-T ST.
9 to a to be could be be the limited	(If rural, give LOCATION)
Row long in hospital or institution?	3. (b) Social Security Number
Winfield. Scott	.Maddox.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male, white Married	20. DATE OF DEATH. april 2 19. + 6 at N
6.(6) Name of husband or wife Sadie Viola Maddox	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
Se(c) If alive, give age vears	april 18 + 5 10 april 2 18 + 6
7. Birth date of deceased (mo., day, yr.) July 76 78 79	and that I last saw h. Accordance on 19 DURATION
8. AGE: Years Month Days It less than one day	Immediate cause of death DURATION
66hrsmin.	O
9. Birthplace Washington D.C.	Due to. Apperlences
RoTing d.	
11. Industry or busines Ittsburgh Plate Blass	Oue to
# 12. Name games quaddoy	Dther conditions
Z 13. Birthplace md.	(Include pregnancy within 3 months of death)
14. Maiden national Atalogue Fugat.  15. Birtholace Na	Major findings of operations.
2 15. Birthplace	Date of op.
16. Intermedial Manage May Dailey	Autopsy results
Address Avenue mdi	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial, cremstion, or removels Which?  (Burial, cremstion, or removels Which)  (mgnth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
rodo. Lille.	Where did inlury occur?
Cemetery or ocemplory	
Location Statement That	Injured at home, farm, Industry, public place (where?)
18. Funeral director W. W. Co Frambers Co	Marie of tipis
Address 517-11 1h. Sr. S. E. Washington	23. SIGNATURE
19. 4 - 3 - 19 46 Thos D difficult (Date rec'd by registrar) Registrar	Address 2015 Wichals & Date signed 4/2

ARR 22 1948 BUREAU V. S.

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH of deceased is shown on 2411 N. Charles St., Baltimore APR 29 1946 CERTIFICATE OF DEATH I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: County Prince Georges (For newborn infants give residence of mother) Maryland Prince Georges Allentown (If outside city or town limits, write RURAL and give nearest town) Allentown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: Street No. 6301-Allentown Rd., S.E., Washington, D. C information car of death clearl (If rural, give LOCATION) How long in hospital or institution?..... 2.(a) If veteran, name war... 3. (a) FULL NAME 3. (b) Social Security Number Viola Marshall 6.(a) Single, married, widowed, or divorced 5. Color or race 4. Sex MEDICAL CERTIFICATION FOR BINDING Female White Married 20. DATE OF DEATH ..... 8.(b) Name of husband or wife Benjamin Marshall 21. I CERTIFY that death occurred on the date above stated: that Lettended deceased ...6.(c) If alive, give age .......years 7. Birth date of November 28th. 1898 deceased (mo., day, yr.) Immediate cause of death. DURATION If less than one day Years MARGIN RESERVED 8. AGE: 47 48-......hrs. ..............min. Maryland 9. Birtholace..... (Town, county, and state) Housewife 10. Usual occupation... 1t. Industry or business 12. Name...... Lee Howard Maryland (Include pregnancy within 3 months of death) 14. Malden na 15. Birthplace Agnes Walton 14. Malden name.... Major findings of operations. Maryland Benjamin Marshall PLAINLY, is especially 16. Informant..... PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 6301-Allentown Rd., S.E., Wash., D.C. 22. VIOLENCE: If death was due to external causes, fill in the following: April 11, 194 Burial Dale thereof .... 17.....(Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did injury occur? .....(City or town) Cemetery or crematory Washington Nat'l. Cemetery (Connty) Suitland, Maryland Injured at home, farm, Industry, public place (where?) ..... Injured at work? 18. Funeral director Thomas J. Murray Means of Injury Address 2007 - nichols are. S.E. Washington D.C.



UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

important.

PLEASE WRITE PLAINLY, 's especially

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

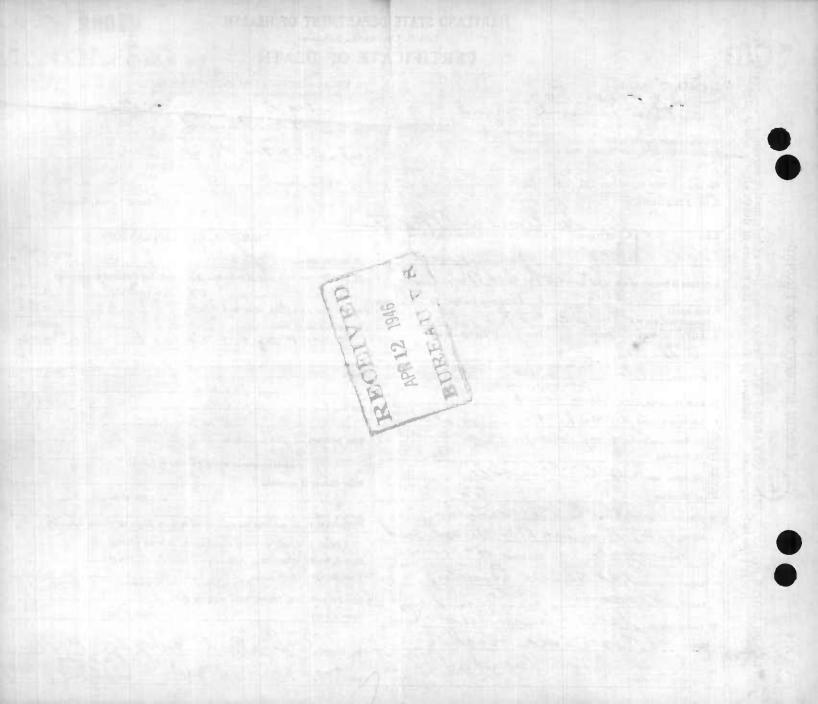
CERTIFICATE OF DEATH

			245
- Cor	Dist	No	00

1. PLACE OF DEATH  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death?	(If outside city or town limits, we the RURAL and give nearest town Street No. 37 3 7
	Street No. (If roral, give LOCATION)
How long in hospital or institution?	2.(g) If veteran, name war
3. (a) FULL NAME a. Elmer Mant	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w married	20. DATE OF DEATH . lefrie 7 1946 at 40
8.(b) Name of husband or wife. Ruth & Martine  8.(c) If allve, give age yoars  7. Birth dato of S.	21. MCERTIFY that death occurred on the date above stated: that lattended deceased from
7. Birth dato of doceased (mo., day, yr.) Ale. 78 - 1883	
8. AGE: Years Mooths Days If less than one day	Cancer of the throat 151
8. Birthplace	Due to
10. Usual occupation Raine Clerk  11. Industry or business Wash. Terminal	Duo to
12. Namo. Alenny Clay Marlin Va	Other conditions
14. Maiden name als hightengale 15. Birthplage  Vu	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Just E. Martin	Autopsy results
Address J. J. W. M.	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cometory or crematory. Mr. Oliver Centery	Where did injury occur? (City or town) (County) (State)
Location Wash	Injured at bome, farm, Industry, public place (where?)
18. Funeral director SVW Chambers 6	Means of Injury Injured at work?
Addross Reverdale mit	Charles C. Hageage M.
19. 4/10 1846 amanda Dourse Registrar)	23. SIGNATURE M. Dog other  Address M. F. Parvier M. Dato ognes Della

death should be charged statistically.

DURATION



04004

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State D. C. County
	Washington
How long in above place of death? 5 VTS • 4 MOS •	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Glenn Pale Sanat orium	Street No. 2332 - 25th St. S. E.
How long in hospital or institution? 5 yrs. 4 mos.	(If rural, give LOCATION)
	2.(a) If veteran, name war
3.(a) FULL NAME MARTIN AMELIA	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, plarried, widowed, or divorced	MEDICAL CERTIFICATION
F W MARRIED	20. DATE OF DEATH. April 29, 19.46, at 12.30, M
6.(6) Name of husband or wife Eugene L. Martin	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	12/3/ 1940, to 4/29 19 76
72 years 7. Birth date of	and that I last saw h & allve on 4/29 1946
deceased (mo., day, yr.) Nov-14-1880  8. AGE: Years   Months   Days   If less than one day	Immediate caose of death
	policionary
65 5 15min.	Tarberculono I/2 you
9. Birthplace Loudon Co. Virginia (Town, county, and state)	Due to.
1D. Usual occupation Housewife	
	Due to
11. Industry or business	
12. Name Energ Pasiels  13. Birthplace Virginia	Dther conditions
	(Include pregnency within 3 months of death)
14. Malden name Elenabeth Flant	
14. Malden name Elizabeth Kant 15. Birthplace Virginia	Major fiediogs of operations.
Decedent	Date of op.
	Actopsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burlal, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location & Landson & Company	Injured at home, farm, Industry, public place (where?)
18. Funeral director Chambers Co.	Means of Injury Injured at work?
Address 517-1179 57, 5.6.	() . OP M.
04800 111 0 10000	23. SIGNATURE & Duel L. RO + muchae MX
(Date recold by registror)  (Date recold by registror)  (Date recold by registror)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Date recki hy registror) Registrar	Address Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information car ully. The sist especially important. Physicians: please write the causes of death clearly and legibly

The correct age

VS A15



# 04000

2411 N. Charles St., Baltimore

The correct age

MARGIN RESERVED FOR BINDING

VS A16

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Charles Quarges	State MC County Pr. 6 ca
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long In above place of death?	A Street No. 3118 hake are Cherely
Fixence Gearings Capacial Superior	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
alexander. Collin me	Kenzie
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. W. married	20. DATE OF DEATH
6.(b) Name of husband or wife Tennie male male	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
	ars 19 10
7. Birth date of deceased (mo., day, yr.) Seast 27, 1879	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Route Congaline heart
66 6 24no	
8. Birthplace D. G. Cety D. G.	Que Cardionarulas revale
(Town, county, and state)	ducaso
10. Usual occupation 5 PCCTUR flux 1) (6001)	Due to
11. Industry or business	
= 12. Name Alexander Mach	Dther conditions
13. Birthplace 2 cotland	(Include pregnancy within 3 months of death)
# 14. Malden name Davgavet trazien	Major fiediogs of operations.
15. Birthplace Jeotland. U.	
16. Informant Callin MacKing	Actopsy results
Address 3118 habo Cever Chercel	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Bureal 4-23-46	22. VIOLENCE: If death was due to external causes, fill in the following:
11 Burial, cremation, or removal, Which? Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. A. Lucoh Cemelling	Where did injury occur?
Location Wush. Dely	Injured at home, farm, industry, public place (where?)
18. Funeral director AUW Chausbus Co	Means of Injury
Right	Meputy medical yourner
Address fluttadif Tild	23. SIGNATURE M. U. or other
19. 7/22 1944 Umanday Jeune	Torrestable but Bate stened 4 - 20



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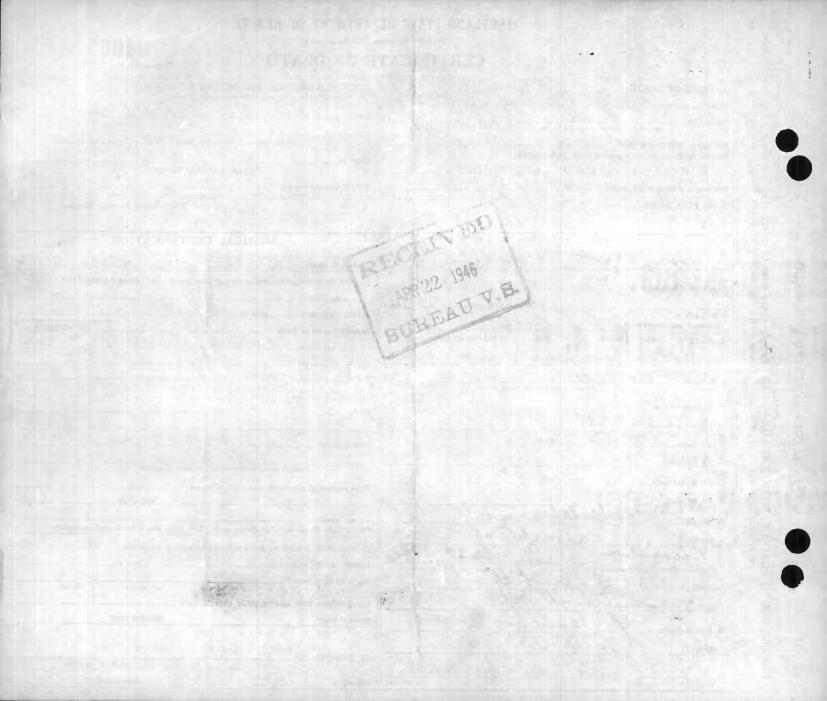
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

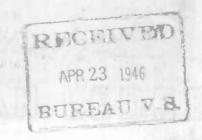
# CERTIFICATE OF DEATH

0400523(

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate  County  City or town (If outside city or town limits, write RURAL and give nearest town)  Streel No.  (If rural, give LOCATION)  2.(a) If veleran, name war.  3. (b) Social Security Number
4. Sex / 5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Married	20. DATE OF DEATH. 4- 17 19.46 at 6:10 P. M
6.(b) Name of husband or wite Mr. Vicginio Drostyn	21. I CERTIFY that death occurred on the date above stated: that I allended deceased from
7. Birth date of Second	19 40 to Color 13 18 1/2.
deceased (mo., day, yr.) Oct 15 1867	and thal I last saw h
8. AGE: Years Months Days It less than one dayhrsmin.	Immediate cause of death DURATION 3 Carry Lumbers 3 Carry
9. Birthplace	Due to
t0. Usual occupation	Due to.
12. Name Churles Mostyu  13. Birtholace Eng.	Other conditions. Leverice burchief 6 leve
14. Maiden name. Caro lene ?	(Include pregnancy within 8 months of death)  Major findings of operations
\$ 15. Birthplace - Eug	Date of op
Address Cheverly Ind	Autopsy results
17. Cremation (Needal, cremation, or removal, Which?)  Dale thereot (mouth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill to the following;  Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Localion	Injured al home, farm, Industry, public place (where?)
18. Funeral director	Means of injury Injured at work?
Address Asyallsrife no	23. SIGNATURE CO CLEETS CE AP.
19. 4/20 19.46 Umanda Douney (Date Fee'd by registrar)  Registrar	Address Active Co Date signed 4-1246



## MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore Rich CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Georges (If outside city or town smits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and How long in above place of death?... Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How tong in hospital or institution?..... 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION item of i MARGIN RESERVED FOR BINDING 21. I CERTIFY that death occurred on the date above stated: that I attended decreased from 8.(b) Name of husband or wife ..... 19...... to....... 7. Birth date of Supply deceased (mo., day, yr.) 8. AGE: a New. 10. Usual occupation 11. industry or business 12. Name ... important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden na 15. Birthplace 14. Malden name... Major findings of operations..... PLAINLY, Vis especially 16. Informant. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VfOLENCE: If death was due to external causes, fill in the following; Accident, quicide, or homicide..... Where did injury occur? ..... (City or town) injured at home, farm, industry, public place (where?) ..... Means of injury injured at work? A15 23. SIGNATURE.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (28)

04007

CERTIFICA	ATE OF DEATH Rog. Dist. No. 23
1. PLACE OF DEATH:  County (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME Noone, Mr. James	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mu	2D, DATE DF DEATH. 4-23 19. 46 at 12 3
8.(6) Name of husband or wife Mrs. hell hoose  7. Birth date of deceased (mo., day, yr.) arg. 21 _ 1882,	and that I last saw h. Lanalive on
8. AGE: Years Months Days If less than one day hrs	min. Immediate cause of death Dunation  Bunation  Bunation  Bunation  Bunation
9. Birthplace	Due to Propher Develor Color  Due to Differ conditions
12. Name	(Include pregnancy within 3 months of death)  Major findings of operations.
18. informant Par Landover Md.  Address  Address	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial  (Burial, cremation, or removal, Which?)  Cemetery or crematory  17 Cemetery or crematory  18 Company  19 Company  10 Company  1	22. VIOLENCE: If death was due to externat causes, fill in the following;  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)
Location washington St. C.  18. Funeral director Flasch's some Address Ayatterille Md	tnjured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
19. 4/25 1840 amande Downey (Wate rec'd by registrar)	23. SIGNATURE ACCUPATION M. D. or other M. D. or other Date signed 4/23/4/2



Rog. Diat. No. 242

2. USUAL RESIDENCE (HOME) OF DECEASED:

(If outside city or town limits, write RURAL and give nearest town)

3. (b) Social Security Number

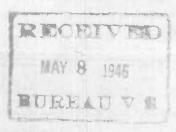
DURATION

(Include pregnancy within 3 months of death)

22. VIOLENCE: If death was due to external causes, fill in the following:

(County)

Injured at work?



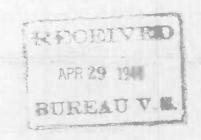
MARGIN RESERVED FOR BINDING

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH



	arles St., Baltimore 46-0
CERTIFICA	ATE OF DEATH Reg. Dist. No. 23/
icounity.  Ance Georges  City or town.  City outside city or town limits, write RURAL and give nearest town)  Iow long in above place of death?  Cospital, institution, or street address where death occurred:  Considered	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
Oncill Miss Elizabeth	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, margled, widowed, or divorced  Fernale W Jing/C	MEDICAL CERTIFICATION  2D, DATE OF DEATH OF DEAT
8. (c) If alive, give age yea  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  6. Solution of the state o	and that Tast saw has alive on the death our d
11. Industry or business  12. Name O'Neill Mu John  13. Birthplace Ireland  14. Maiden name Whitney Miss Georgeans  15. Birthplace Md.	Other conditions  Other condit
18. Informant 6. corq!a nna Wes garber  Address 3502-16th n.E. least.  11. Burial, cremation, or removal. Which?), Pate thereof pull 30, 1946  (Burial, cremation, or removal. Which?), (month) (day) (year)	Antopsy results PHYSICIAN: Please onderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Lashungton  18. Funeral director The Head Mean was  Address 641-14. Af MEA Wester was	Where did injury occur?
19. 4/27 1946 Umanda Deuney (Dayle rec'd by registrar)  Registra	ar Address Date signed 12.6



# CERTIFICATE OF DEATH

The correct age

UNFADING INK. Supply every item of information carefully. The

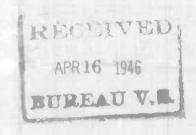
PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS A15

MARGIN RESERVED FOR BINDING

(1911) Reg. Dist. No. 231

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Mines George.	(For newborn infants give residence of mother)
City or town Cheverly	State County Prince George
(If outside city or town limits, write RURAL and give nearest town)	City or town College Panic.
Unu this in whate himee of wearn the same of the same	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 4800 Calvert Rd.
Prince george general 2/05. Tal	(If rurai, give LOCATION)
How long in hospital or institution? 6 m 77/15.	2.(a) if veteran, name war
3.(a) FULL NAME Mrs. Bess Osborne	3. (b) Social Security Number
4. Sex 6 5. Color or race   8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
$\omega$	MEDICAL CERTIFICATION
k w	20. DATE OF DEATH. 7-13 19. 76 21 11 T. M
wm I schorne	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	10-15-1945-10-4-13-1946
	3
7. Birth date of Lune 12 year	and that I last saw h. 4 alive on 4 -/ 2 19 2/6
deceased (mo., day, yr.)  8 A.G.E. Years (Months   Days   If less than one day	Immediate cause of death OURATION
O. Mas.	left buch with materia
72hrsmin	to mind column 4 years
Rema Pa.	
9. Birthplace (Town, county, and state)	Due 10
Lorsewife	
10. Usual occupation.	Oue to
11. Industry or business	
12 Name Shell Reame	Other conditions.
Si Sh	
	(Include pregnancy within 3 months of death)
14. Maiden name Em ma Bright Lull'  15. Birtholace  Re	
15. 8irthplace	Major reciege of operations.  Date of op. 24-02. 1942
mas & call and	
16. Informant Me times appearmant	Autopsy results
Address College Fack md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Ti / 101 : (1) 14 194	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, oregiation, or removal, Which?)  Data thereof.  (Though) (day) (year)	Accident, suicide, or homicide
mattaon (Illimois	
Cemetery or crematory	Where did injury occur?
Location A Ollinois	injured at home, farm, industry, public place (where?)
4 Hereli sons	Means of Injury tnjured at work?
18. Funeral director.	
Address Nyattsville Md;	23. SIGNATURE USSNIA 22 24 D
alinilly us amondallain	M. D. or other
(Dyle rec'd by registrat)  Registra	Address Just Raining Land Date signed 4-13-46



City or town. Additional City outside city or town lamins, prite BURAL and give nearest town)  How long in above piace of death.  How long in hospital or illustration or street adjects where depth occurred:  ### Dispital, institution, or street adjects where depth occurred:  ###################################	1. PLACE OF DEATH:	E OF DEATH  Reg. Dlat. No
Royal and acceptate of tearing write studies where define occurred:	City or town. Mit.   Ramilla   Gity or town limits, write RURAL and give nearest town)	(For newborn infants give residence of mother)  State
3. (a) FULL NAME  4. Sex  5. Color or race  6. (a) Single married, widowed, or diseased  Ferrols  8. (b) Name of husband or saids  8. (c) If alive, give age  9. Sirih date or deceased (mo., day, yr.)  8. AGE: Vears Monghs  10. Usual occupation  11. Industry or business  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  15. Birthplace  16. Informant  17. Birthplace  18. Informant  18. Informant  19. Birthplace  19. Birthplace  10. Usual occupation  11. Industry or business  11. Industry or business  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  17. Business  18. Informant  19. Birthplace  19. Birthplace  19. Birthplace  10. Usual occupation  11. Industry or business  11. Business  12. VIOLENCE: If death was due to external causes, fill in the following:  11. Recident, suicide, or homicide  12. VIOLENCE: If death was due to external causes, fill in the following:  11. Country or country  12. VIOLENCE: If death was due to external causes, fill in the following:  12. Accident, suicide, or homicide  13. Birthplace  14. Where did Injury occur?  (City or town)  15. Injured at home, farm, industry, public place (where?)	nospital, institution, or street address where death occurred:	Sireet No. 4109 - 32 md. Of
4. Sex  5. Color or race 6. (a) Single, married, widowed, ordinaced  B. (b) Name of husband or saids. Bushing a said with the said of the	How long in hospital or institution?	2.(a) If veteran, name war
B.(b) Name of husband or mile. B. B. Col. If alive, give age years deceased (mo. day, yr.)  8. AGE: Vears Months Days If less than one day  70 74 Months C. Town founty, and state)  10. Usual occupation  11. Industry or business  12. I CERTIFF that death occurred on the date above stated; that I attended de mode and that I last saw h. A. alive on Immediate caoes of death  10. Usual occupation  11. Industry or business  12. Name Jarraha H. Jarraha M. Jarraha M	LELA A.PH	3. (b) Social Security Nu
B. (b) Name of husband or mile. Bushnow J. Phillips  1. Birth date of deceased (mo., day, yr.)  3. AGE: Vears Months Days If less than one day  70 74	4. Sex 5. Color or race 6.(a) Single, Instrict, widowed, or dispased	MEDICAL CERTIFICATION
B.(b) Name of husband or site. Bushall I strended de S.(c) If alive, give age years deceased (mo., day, yr.)  8. AGE: Years Months Bays If less than one day  70 7/ hrs. min.  9. Birthplace (Town, fourity, and state)  10. Usual occupation.  11. Industry or business  12. I CERTIFY that death occurred on the date above stated; that I strended de less and that I last saw h. alive on Immediate cases of death.  11. Industry or business  12. Name January January Due to (Include pregnancy within 3 months of death)  13. Birthplace (Include pregnancy within 3 months of death)  14. Malden name Lola C Limbian Major flodings of operations.  15. Birthplace Baje of op.  16. Informant January Due thereof January Due to (Include pregnancy within 3 months of death)  Major flodings of operations.  17. Compt.) (day) (year)  Cemetery or crematory B There of January Due to (County)  Location Ale Administry, public place (where?)	Female white widowed	20. DATE DF DEATH. Capril 16 1946 at
9. Sirthplace (Townscounty, and state)  10. Usual occupation.  11. industry or business  12. Name Dither conditions  13. Birthplace  14. Malden name Lela a Lewis Major findings of operations.  15. Birthplace  16. Informant John M. Phillips Autopsy results.  Address 3600 R. L. ave. Mt. Rawley Major findings of operations.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charge and the control of the contro	7. Birth date of deceased (mo., day, yr.) Select 5, 1875  8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased 19.45, to 20.00 and that I last saw harmalive on 20.00 and that saw harmalive
13. Birthplace  14. Maiden name Lela a Lewis  15. Birthplace  16. Informant John M. Phillips  Address 3600 - R. I. Avel. Int. Rawlin M. PHYSICIAN: Please watering the cause to which death should be charged to the cause of the control of the contr	(Town founty, and state)  10. Usual occupation	esophunger & Motomod
14. Major fiodings of operations		
18. Informant  Autopsy results.  Autopsy results.  PHYSICIAN: Please woderline the caose to which death should be charged to external causes, fill in the following:  17. Santal  Bate thereof April 18. 1945  (Borial, cremation, or removal, Which?)  Cemetery or crematory Bathal 6 employed (May) (year)  Location Autopsy results.  PHYSICIAN: Please woderline the caose to which death should be charged to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County)  injured at home, farm, industry, public place (where?)		Major fiedings of operations
17. Cemetery or crematory Bethel County  Location Cle paralia County  Date thereof County  (month) (day) (year)  Commetery or crematory Bethel County  Location Cle paralia County  Injured at home, farm, industry, public place (where?)	12. 000 0 1.00	
Location	(Burial, cremation, or removal. Walch?) (monjh) (day) (year)	Accident, suicide, or homicide
7-2	600 1 - Ania 26 1	
	111.00: 1 Dalla	Injured at home, farm, industry, public place (where?)
Address 3200 - R. S. ave. nt. Rainer md.		Zin Ball

RECEIVED APR 20 1946

PLEASE

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

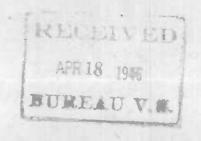
2411 N. Charles St., Baltimore

04012

# CERTIFICATE OF DEATH

743

I. PLACE OF DEATH:  County. Prince George's  City or town. Glenn Dale, Maryland (rural)  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 1 yr., 9 mos., 24 days  Hospital, Institution, or street address where death occurred:  Glenn Dale Sanatorium  How long in hospital or institution? 1 yr., 9 mos., 24 days  3. (a) FULL NAME  Philip J. Purcell	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  State
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Widowed    8.(b) Name of husband or wife   Alice O. Purcell (dec.)    8.(c) If alive, give age   years	229-09-8249  MEDICAL CERTIFICATION  20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) February 6, 1882  8. AGE: Years Months Days If less than one day	and that I last saw h
64 2hrsmin.	Philming Junior 21/2 4 Miles
9. Birthplace. Augusta, Georgia (Town, county, and state)  10. Usual occupation	Due to
Address  Address  Decedent  Address  Date thereof O. O. 1946  (Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  18. Funeral director  Address  Address  Address  Address  Date thereof O. O. 1946  (month) (das) (year)	Antopsy results  PHYSICIAN: Please underline the cause to which death should he charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide



int. but

PLEASE WRITE PLAINLY, WITH CANFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

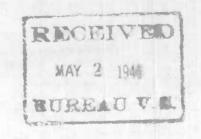
## CERTIFICATE OF DEATH



Reg. Diat. No.	
1. PLACE OF DEATH: County Prince George's City or town (Rural) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 7 days Hospital, institution, or street eddress where death occurred: Glenn Dale Sanatorium How long in hospital or institution? 7 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)  State
3.(a) FULL NAME albert Reid	3. (b) Social Security Number 577-22-2809
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Male   Colored   Married (separated)    6.(b) Name of husband or wife   June Brown Reid      7. Birth date of   June Brown Reid      7. Birth date of   June Brown Reid      8. Colored   Married (separated)      8. Colored	MEDICAL CERTIFICATION  20. DATE OF DEATH A Single State Stat
deceased (mo., day, yr.)   January 1, 1921	Immediate cause of death  Sulmanary Tuller Culosis 2 moo
9. Birthplace Thompson, Georgia (Town, county, and atste)  10. Usual occupation Truck Driver  11. Industry or business	Due to
12. Name Eddie Reid  13. Birthplace Georgia  14. Malden name Carrie Bailey  15. Birthplace Georgia	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Decedent Address	Antopsy results.  PHYSICIAN: Please naderline the cause to which death should be charged statistically.  22. VIOLENCE: tf death was due to external causes, fill in the following:
17. Removal to (Buriai, cremation, or removal. Which?)  Cemetery or crematory.  Location Washington, D. C	Accident, suicide, or homicide
18. Funeral director. Address 901-3 W. L.	23. SIGNATURE Daniel Leo Pinucare MD.  M. D. or other

MAY 2 1946
BUREAU V E.

MARYLAND STATE DEPARTMENT OF HEALTH The correct age 2411 N. Charles St., Baltimore (6) CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: information carefully. The cof death clearly and regibly: (For newborn infants give residence of mother) county ormee (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: How long in hospital or institution?. 2.(a) If veteran, name war ..... 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race MEDICAL CERTIFICATION every item of ite the causes MARGIN RESERVED FOR BINDING 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(c) If alive, give age 7. Birth date of Supply elease wri deceased (mo., day, yr.) DURATION Immediate cause of death if less than one day Months Days 8. AGE: 9. Birthplace. 11. Industry or business 12. Name..... WITH UNF important. Major findings of operations..... especially PLAINLY, is especially PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (month) (day) (year) Where did Injury occur? ..... WHITE (State) (City or town) (County) Injured at home, farm, industry, public place (where?) ..... tnjured at work? Means of injury A15 M. D. or other Registrar (Date rec'd hy registrar)



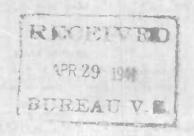
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

	ries St., Baltimore (Sta)
CERTIFICA	TE OF DEATH  Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn intents give residence of mother)  Slale  County  County  Cliy or town  Cliy or town  Cliy or town limits, white RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
anie Kitchie	5. (b) becauty number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Finals White Lingle	MEDICAL CERTIFICATION  20. DATE DF DEATH A. 27 19 4 6 at 9 A 1
6.(b) Hame of husband or wife	and that I fast saw h. M. alive on M. 19. Immediate cause of death DURATION 15 km
8. Birthplace Ritchie Tr. Geo. Maryland 10. Usual occupation Retired Good. Clerk 11. Industry or business Good. Printing Office	Due to Due to 3 mg
12. Name John Surt Ritchie  13. Birthplace maryland  14. Maiden name Georgia a sweeney  15. Birthplace maryland	Other conditions (Include pregnancy within 3 months of death)  Major findings of operations (Include pregnancy within 3 months of death)
16. Informant Settle Kitchie Address Kitchie, Maryland 17 Burial Bate thereof 4 20 44	Autopsy results
(Burial, cremation, or removal, Which?)  Cemetery or crematory.  Location.	Accident, suicide, or homicide
18. Funeral director S. V. I. Chit Gras Address Cipper Mariloro Md	Means of Injury  Injured at work?  23. SIGNATURE W— H— Nortore  M. D. or other
Date rec'd by registrar)  Registra	4010-3487.





# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (46)

04017

	TE OF DEATH  Reg. Dist. No
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Kyan, Mrs. Peasl	3. (b) Social Security Number
4. Sex   5. Color of race   6.(a) Single, married (widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. 4-27-1946 at 1:002
8. 6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  19. 7 4 10. 2 4 7 18. 7  and that I last saw harmalive on 19. 7 19. 7  Immediate cause of death DURATIO
9. Birthplace	Due to
12. Name	(Include pregnancy within 3 months of death)  Major findings of operations of the state of the s
18. Informant Anold Ryan (50n) Address / 383 Bryant St. Wash DC. 18. Informant Date thereof Geossil 30. 193	Antopsy results
Cemetery or crematory Mashington Met (amulting Location Swithaush Manual	Where did injury occur?
18. Funeral director J. Milliand Bels Sons Co Address 9766 - 4 th St Mis Mash. W.  18. Funeral director J. Milliand Bels Sons Co No. 18. Funeral d	Means of Injury  Injured 2t work?  23. SIGNATURE  AND STATEMENT STATEMENT MAD BATE SIGNED STATEMENT STATEM

MARGIN RESERVED FOR BINDING

VS A15 79.45.15



### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, How long in above place of death?..... (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: information carefoot of death clearly (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex FOR BINDING of causes 7. Birth date of deceased (mo., day, yr.) K. Supply of Immediate cause of death 8. AGE: Years If less than one day MARGIN RESERVED ADING INK. 9. Birthplace. 10. Usual occupation 11. Industry or business 12. Name...... 13. Birthplace important. (Include pregnancy within 8 months of death) 15. Birthplace PLAINLY, V PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; (month) (day) (year) Lacrie WRITE Where did Injury occur? ..... (City or town) injured at home, farm, industry, public place (where?) ...... Means of tnjury Injured at work? Address (Date fee d by registrar) Registrar

RECEANED

APR 5 1946

BURLAU V.S.

THE SHARE

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 5500

### CERTIFICATE OF DEATH

04019

Reg Diet No. 245

1. PLACE OF DEATH: Les County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Sty attente na	State maryland County Oro Seo Co
(If outside city or town limits, write RURAL and give nearest town)	City or town 05311 42 are
How long In above place of death?	(If outside city or town limits write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 154 Werter 18
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Elara, Skepher	3. (b) Social Security Number
4.8ex 5. Color of race 8.(a)Single, married, widowed, of divorced	MEDICAL CERTIFICATION
female while widowed,	20. DATE OF DEATH CERTIL 9, 1946, at 5. A. I
6.(b) Name of husband or wite Tharry shepherd	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) tt alive, give ageyea	March 2 2 19.46 to Gens 7 19.4 5
7. Birth date of 7. 14 1879	and that I last saw h.E.taailve on April 8
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
67hrsml	Type holdastona 1-year
D · N	
9. Birthplace (Towy), county, the state)	Due to Primary site : Not known/a Cerren
10. Usual occupation Keturia note tellis	
11. Industry or business Pro Les Bank + Livet Co	Due to
# 12. Name Sray smith	- Other conditions
12. Name Sray Smith 13. Birthplace Philadelphia Pa	
# 14 Maiden name Tommie ann allen	(Include pregnancy within 3 months of death)
14. Maiden name Tommie ann allen  15. Birthplace Paris Sty	Major findings of operations
Edward a stelled con	Date of op.
16, Informant	Antopsy results
Address 4112 woodberry It win bark ma	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17 Cerral Date thereof agril 11. 194	Accident, suicide, or homicide
(Burial, cremation, or removal Which?) (ponth) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location was fungion of s	Injured at home, tarm, industry, public place (where?)
18. Funeral director & Gasche Sons	Means of injury Injured at work?
Address Styattaville Ma	Charles C. Nageage M. J.
april 110 146 Jams Severs	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	ar Address of Namey Ma. Date of red 7, 1746

REPORT VER

PLEASE

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

# CERTIFICATE OF DEATH

04020 Reg. Dist. No. 245

N. Yay C		
1. PLACE OF DEATH: Perry St. Mt Ranier Md  County Mt. Ranier Md  City or town (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
How long in above place of death?	City or town. Mt. Ranier. Md. (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 3101 Perry St. (If rural, give LOCATION)	
Now long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Martha L. Slaughte		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
F W Widowed	20. DATE OF DEATH. 4/2 8/46 19 al 10 km	
6.(b) Name of husband or wite Lawpence A. Sr.	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from	
7. Birth date of years	and that t last saw h	
deceased (mo., day, yr.) July 12, 1866	Immediate cause of death	
8. AGE: Years   Months   Days   If less than one day	O arterescherte Heart disene 10 years	
79hrsmin.	(2) unth Concesture failure	
9. Birthplace Bristol, (Town, county, and state)  10. Usual occupation Home Maker — Setural  11. Industry or business	Due to.  Due to.	
12. Name Wm. Lancaster  13. Birthplace Va	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Malden name Ligon  S 15. Birthplace Virginia	Major findings of operations	
2 15. Birthplace Virginia	Date of op.	
18. InformantMrs. Alfred E. Bowers	Antopsy results.	
Address 625 Ray Drive, Silver Spring, Mc	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
3 3040	22. VIOLENCE: If death was due to externat causes, this in the following;	
17. Burial Date thereof May 1, 1946. (Burlal, cremation, or removal. Which?)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	
Location Fredericksburg, Ve.	Injured at home, farm, industry, public place (where?)	
LOCATION	Moens of injury Injured at work?	
18. Funeral directification of the state of	0000	
Addres 2901-14 27 20 5.6.	23. SIGNATURE M. D. of other — (a. M. D. o	
19. (Date red by registrar) Registrar	Address 1238 Would &WE Date signed 4/28/46	



# UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73)

### CERTIFICATE OF DEATH

Rog. Dist. No. 242

	108. Disc. 110	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give realdence of mother)	
County Prince Georges Forrestville	Torre -	
City or town (If outside city or town limits, write RURAL and give nearest town)	State Texas County	
How long in above place of death?	City or town Waxahachie (If outside city or towo limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 210 Mc Millan	
4-1-1	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war. World War II	
3. (a) FULL NAME	3. (b) Social Security Number	
Duward Franklin Sumner		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married		
	20. DATE OF DEATH 17 April 1946 all:34 a M	
6.(b) Name of husband or wife. Mrs. Bennie Sumner (Maiden	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from	
name of Dorsey) S.(c) If allive, give age years		
7. Birth date of deceased (mo., day, yr.) 14 April 1915	and that I last saw halive on	
8. AGE: Years   Months   Days   If less than one day	Immediate caose of death Extensive third degree OURATION	
	burns, multiple fractures and lacer-	
31 0 3hrsmin.	ations	
9. Sirthplace	Due to. Aircraft Accident	
10. Usual occupation Pilot		
11. Industry or business U. S. Army	Oue to	
12. Name Deceased	Other conditions	
12. Name Deceased 13. Birthplace Unknown		
	(Include pregnancy within 3 months of death)	
L L	Major findings of operations.	
16. Informant Official Records	Autopsy results	
Address Andrews Field W. Line 20 D.	PHYSICIAN: Please coderlice the caose to which death should be charged statistically.	
n mai cus cleto, washington aus D. G.	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?)  Bate thereof. (month) (day) (year)	Accident, suicide, or homicide Accident 0alo of 17 April 46	
Cemetery or crematory	Where did injury occur? Prince Georges County (City or town) (County) (State)	
Man Direct I AD C	To make the state of the state	
Location		
18. Funeral directed as the Funeral Home	Means of Injury Aircraft Accident Injured at work? Yes	
Address 301 C. Capital ST. Wash. Do	neperty medical Glamo	
4-17- 4/ Then AMMILE	23. SIGNATURE M. D. or other	
19. (Date rec'd by registrar) Registrar	Address Arlstyll ues Date signed 4 - 1874	

MAY 18 1946
BUREAU V S.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (KDG)

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County The glasses	(For newborn Infants give residence of mother)
(If outside city or town, limits, with RURAL and give nearest town)	State
How long in above place of dealh? 3 12 hour	(If outside city or flown limits, syrite RURAL and give nearest cown)
Hospital, inslitution, or street address whose death occurred:	Street No. 6 / / allentour Col
6114 allertown ( ood	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Thomas arthu	N GWAINN (P)
4. Sex 5. Color or race B.(a) Single, married, widowell, or divorced	MEDICAL CERTIFICATION
mole colved the	20. DATE OF BEATH While 30 19 46 at 1:00/
8,(b) Name of husband or wife	
8.(c) If allve, give age year	ers 19
7. Birth date of deceased (mo., day, yr.) Afril 30, 1946	and that I last saw h
8. AGE: Years   Months   Bays   If less than one day	Immediate cause of death
3hrs. 26.m	n. Co sala e
0. 1600.	Rith
9. Birthplace	Bue to
10. Usual occupation	
	Due to
11. Industry or business	
12. Name Thomas arthur was	Worker conditions
	(Include pregnancy within 3 months of death)
14. Matden name Cles liet Wyre Procto	Major findings of operations.
15. Birthplace	Rajor inmings of operations.
16. informant Thomas Q: Sway	Autoday results.
( ) ( ) ( ) ( )	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 6/14 allerton (al / ).	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Bate thereof. Mall 1740 (month) (day) (year)	Accident, suicide, or homicide
St Johnson I	
Cemetery or crematory	
Location Charles Control Contr	Injured at home, farm, Industry, public place (where?)
18. Funeral director Shomas arthur Swann Sh	Means of injury (njured at work?
1 81 1 m	Reputy medical forme
Address amp pringo, ma	23. SIGNATURE DA LO DE L
19. May 1946 F. A. Billingola	M. D. or other

MAY 13 1946 ;

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 340



04023

CERTIFICAT	TE OF DEATH Reg. Diat. No.	
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. County Clarific County Clarific Clity or town Limits, write RURAL and give nearest town)  Street No	
3. (a) FULL NAME Eugene E. Sw	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced by the bound of husband or wife	2D. DATE DF DEATN	
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Modifies Days If less than one day	and that I last saw h	
9. Sirthplace Nown, county, and state)  10. Usual occupation Home Cracket	Due to Circle Das War Plans	
11. Industry or business Republication of the state of th	Due to	
14. Maiden name Lands 15. Birthplace Lands Hall	Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Lyne Warlboo, hed  17. Buriel  (Burial, cremation, or removal. Which)  Cometery or cremation.  Address Lyne Warlboo, hed  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, Illi in the following;  Accident, suicide, or homicide	
tocation Cupper Marshoro and  to Funeral director Literal Bros  Address Cupper Marshoro and	injured al home, farm, industry, public place (where?)  Means of injury  Injured at work?  23, SIGNATURE  M. D. or other	



VS A15

The correct age;

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 450

# CERTIFICATE OF DEATH

04024 4 Z

1. PLACE OF DEATH: County Serve Seo	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
City or town	State County County
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No. Lemple Hill Rd 5 6 11
5611 Jemple Nill Jear	(If rural, give LOCATION)
How long in hospital or institution?	2.(g) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Harry Cubury ann	er
4. Sex 15. Color or race 8.(a) Single, married, widowed, or divorced Wid.	MEDICAL CERTIFICATION  20. DATE OF DEATH April 7 19 6 84 9 7
900.610	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(b) Name of husband or wife	1 10 V6. Clar 7 10 46
7. Birth dale of	
deceased (mo., day, yr.) Rene 5. 1885	
8. AGE: Years Months Days If less than one day	Immediate cause of death
60min.	The state of the s
9. Birthpiace Virgnia (Town, county, and state)	Due to
Accor Whenthe	Light and Mille af force I gold
16. Usual occupation	Due to
11. Industry or business	
12. Name	Other conditions would by Harle
Z 13. Birthplace Va	(Include pregnancy within 8 months of death)
14. Maiden name Hottle Oilta  15. Birthplace Va	(Include pregnancy within 8 months of death)  Major findings of operations.
15. Birthplace	- Gale of op.
Proceed Charlord	Antonsy results — — — — — — — — — — — — — — — — — — —
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 36 11. Jemple Pick (10	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which)  (Burial, cremation, or removal. Which)	Accideni, suicide, or homicide
Cemetery or crematory Culterer Va	Where did injury occur?
Location	Injured af home, farm, industry, public place (where?)
18. Funeral director of My Leis Seri	Meens of Injury Injured at work?
Address 300 4 4 1 1 -E. Wash. Olo	Poor Mallo
4/8th 46 Thos D. G. Allel	23. SIGNATURE M. D. outlier
19. (Date rec'd by registrar) Registrar	Address Wather glen / 5 Dato signed les

APR 22 1946 BUREAU V.B.

### CERTIFICATE OF DEATH

Reg. Diat. No. 230

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3.(a) FULL NAME  VAITER TAY 10 R	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced  1. Col. MARRIEL  6.(b) Name of husband or wife Season 1. Season	MEDICAL CERTIFICATION  2D. DATE DF DEATH
7. Birth date ot deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one dayhrsmin.	Immediate cause of death
9. Birthplace D. L. L. Cown, county, and state)  10. Usuai occupation W. i. L. M. a. L.	Due to Class May Devided
11. Industry or business  12. Name	Other conditions
14. Maiden name  15. Birthplace  16. Informant  16. Informant	Major findings of operations.  Date of op.
Address Belts alle 11 April 16, 46  17. Burial, cremation, opronoval. Which?)  Cemetery or crematory Alberts Chapter	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Durky Md	tnjured at home, tarm, tndustry, public place (where?)  Meens of injury  Injured at work?
19 Address 15 16 19 46 John Domitte (Date /ec'd by registrar)  Registrar	23. SIGNATURE M.D. or other  Address Date signed 4.1.3.4.4.

PLEASE WRITE PLAINLY, WITH UNFADI. INK. Supply every item of information carefully. The correct age is especially important. Phys: lans: please write the causes of death clearly and legibly.

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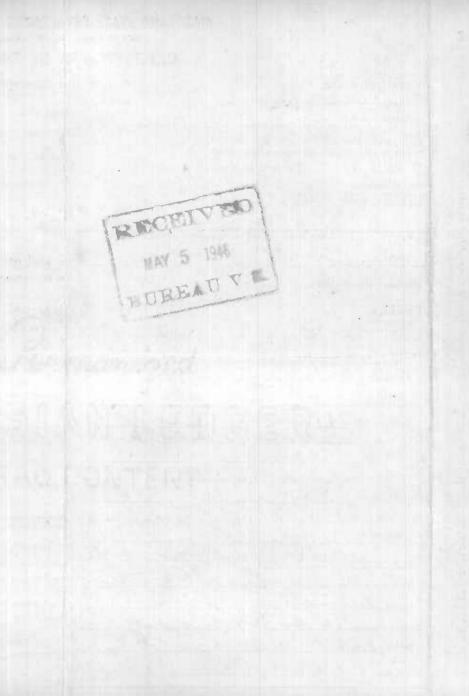
Reg. Diat. No. Z 2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or fown limits, write RURAL and give nearest town) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

22. VIOLENCE: It death was due to external causes, fill in the following;

injured at home, farm, industry, public place (where?) .....

injured al-work

Date signed...



MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

93.2 2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

04025

	Keg. Dist. No	
1. PLACE OF DEATH: County Suice Georges City or town Wyattaville (if outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:  How long in hospitat or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  State	
I. ULA COOPER T.	HOMPSON  3. (b) Social Security Number	
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced  Jenuale White Widow	MEDICAL CERTIFICATION  20. DATE OF DEATH. April 5 1946 at 2 2 91	
8.(6) Name of husband or wife Luther Cornect.  5. (c) If alive, give age	and that I last saw h. A. alive on The last saw h. A. alive on Dunation  Immediate cause of death Dunation  3 days.	
8. Birthplace Trinsettin West Va.  10. Usual occupation Housewife  11. Industry or business  12. Name William a Cooper  13. Birthplace Princeton West Va	Bue to Sure Sure  Bue to Consenture heart year  Gither conditions	
14. Maiden name Malvina Orajatt  15. Birthplace  16. Informant Hesbert L. Thompson	(Include pregnancy within 3 months of death)  Major findings of operations.  Bate of op.  Autopsy results.  PHYSICIAN: Please underline the cause ta which death should be charged statistically.	
Address 3 - Slavell Drive Concumpation  17. Burial (Burial, cremetion, or removal, Which?)  Cemetery or crematory Moute Vista Country  Location Bluefield West Va	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
18. Funeral director of the Chambers too.  Address Riverdale Mid.  19. Ohil 6 19 14 6 January Bevery Registra	23. SIGNATURE M. D. prother / //	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

# 1141126

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
		***************************************	
City or town Fort Was	hingto	n	State laryland county Prince Georges
		days	
How long in above place of deathr Hospital, institution, or street add	ress where de	ath occurred:	Sireet No. 6980 Livingston Road
		ion Home	Street No. 0.70 (If rural, give LOCATION)
How long in hospital or institution	2 41.	days	2.(a) If veteran, name war. Vorld Var I
3. (a) FULL NAME			3. (b) Social Security Number
VAN NOY. Wil	lism B		718~14~9727
4. Sex 5. Color		6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male "	hite	Married	20. DATE DF DEATH ADDIL 12, 1946 19 at 10:
R (h) Name of husband or wife	eanett	e Van Noy	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
			February 27, 19 46, to April 12 19.4
7. Birth date of	Ton		and that I last saw h ill alive on inpril 12.
deceased (mo., day, yr.)	Jan	20/90	Immediate cause of death Hypertensive heart DURATI
o. Add.	oths	Days If less than one day	disease with cardiac enlarge-
50	2	16hrs	ment and myocardial insuf-
9. Birthplace Indiana	polis.	Ind.	a coo
		Tard Conductor	
		on, D.C. Terminal	Due to
12. Name	m R. I	Ian Noy	
12. Name Millis 13. Birthplace Indian	napolis	, Ind.	ized, including retinal Unk
		kson	
			Major findings of operations
		is, Ind.	Date of op
16. Informant Hospi	tal Re	cords	Autopsy results Not done
		ton, l.d.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
			22. VIOLENCE: If death was due to external causes, fill in the following;
17. Furial (Burial, cremation, or remov	al. Which?)	Date thereof 4/16/46 (month) (day) (y	ear) Accident, suicide, or homicide
		n National Cemeter	
Location Arlingto	n, Va.	,	
			Means of Injury / Injured at work?
		bers, Co.	
Address 517 11th	St, SI	, Washington, D.C.	23. SIGNATURE / a Sewarf
19. (Date rec'd by registrar)	19.46	dreng Conne	23. SIGNATURE  James Smart, M.C., Chief Med M. D. or other  Officer  Address. F. t. Ashington. I.d. Date signed 1937

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04027

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VS A15

	rles St., Baltimore (3)	1
CERTIFICA	TE OF DEATH	Reg. Dist. No
1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and kive nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred.	2. USUAL RESIDENCE (HOME) OF DEC (Eor newbore intents give residence of method  State	Pro Ses Co
3. (a) FULL NAME Charles L. Warner		(b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced while widower	MEDICAL CERTI	FICATION 19 10 46,11 7 =
6,(6) Name of husband or wife Wellie Warner	21. I CERTIFY that death occurred on the date above state	
7. Birth date of deceased (mo., day, yr.) Sept 12, 1873	and that I last saw hative on	
8. AGE: Years Months Days It less than one dayhrs	acute Conega	line
9. Birthplace. Concernation of in (Town, county, and state) Retired	Due to Carel do vos cu	la renj
11. Industry or business	Due to	
12. Name. Sermany	Other conditions	of death)
14. Malden name	Major findings of operations.	
16. Interment Theodore & Gardner Addgess 6200 Rogue Park Pl ananatto the	Actopsy results	
17 Burial (Burial, eremation, or remayal. Which?)  Bate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill Accident, suicide, or homicide	
Cemetery or crematory. Other Cemelery	Where did injury occur?	
18. Funeral director of Losecha Rona	Means of Injury  Alexant West	Intered at work?
Address Agattaville and -	23. SIGNATURE	D, or other
19. (Date/ree'd by registrar) 19. Ho Jalus Dell' Registra	Address frescrett u	1 Date signed 1-11

RECEIVARE APR 23 1946
BUREAU V. E

The correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

fril 25 Date rec'd by registrar)

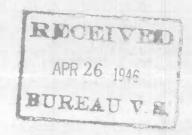
MARGIN RESERVED FOR BINDING

04028

Date signed...

		CERTIFICAT	LE OF DEATH	Reg. Dist. No	V
1. PLACE OF DEATH: County Prince Georges			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Melcome Denk			State Maryland county Prince Georges City or town Takoma Park		
City or town					
			(If outside city or town limits, write RURAL and give nearest town)		
			Street No. 501 Belford Place (If rural, give LOCATION)		
			2.(a) If veteran, name war	E DOCATION)	
3. (a) FULL NAM			A.C., IT Totaling Hamile Hamile	3. (b) Social Security N	
		IPT ON			Immost
4. Sex	SEMARY V	ELCH   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
	1				10 30
Female	White	Single	2D. DATE DE DEATH April	21, 1946	at 14 A
B.(b) Name of husban	S.(b) Name of husband or wifeX		21. I CERTIFY that death occurred on the date ab		
			9-17-19		
7 Piells date of			and that I last saw h. A.L. alive on	4 - 2-1-	194
	yr.) Oct. 18	Days   if less than one day	Immediate cause of death		DURATION
o. noz.			- Congestive hear	I factione	5 km
4	6	3mln.			
9. Birthplace I.	ouisville,	Ky	Due to pertussio		4 sree
10. Usual occupation	<u>X</u>		Due to Congenial A	east distant	4/2
11. Industry or bushne		1 3 - 3 - T	letter pa	loud duches	TINY
# 12. Name Austin J. Welch, Jr.			Other conditions	al difect.	
	Cincinatt		(Include pregnancy within 3	months of death)	
14. Malden nam	Freida F	R. Spohr			
15 Birthplace	Freida F	Ohio.	Major findings of operations.		
A 1	etin I	elch, Jr.	1		The state of the s
			Autopsy results  PHYSICIAN: Please underline the cause to w	rhich death should be charged s	tatistically.
		Pl. Takoma Park	22. VIOLENCE: If death was due fo external ca	uses. fill in the following:	
17. Burial (Burial, cremation, or removal, Which?)  Burial (Burial, cremation, or removal, Which?)  Date thereof 4-24-46 (month) (day) (year)			Accident, suicide, or homicide.		
				- Andrewson of the Control of the Co	
		reek	Where did injury occur?(City or town)	(County)	(State)
Location	/ 1	, D. C	Injured at home, farm, Industry, public place (v		
18. Funeral director Warne & bauflang			Means of Injury	Injured at work?	
		e. Silver Spring.	116 11.	1111	1>
	5 1/		23. SIGNATURE	waseeniga	y other

Registrar



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

The correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cois especially important. Physicians: please write the causes of death clearly and legibly.

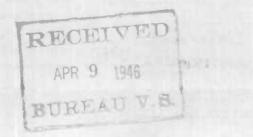
PLEASE WRITE

VS A15

MARGIN RESERVED FOR BINDING

Reg. Dist. No.

1. PLACE OF DEATH: County Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
	State North Carolina county		
City or town College Park (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? Transient	City or town Fort Bragg (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 504 Prcht. Inf.		
Route # 1	(If rural, give LOCATION)  2.(a) If veteran, name war.		
How long in hospital or institution?			
3. (a) FULL NAME	3. (b) Social Security Number		
West, Wallace R			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single	20. DATE OF DEATH april 6 19.46 at 1:00 PM		
	no a converse to a dark and and the date above stated, that I attended described from		
6.(b) Name of husband or wife	21.1 CERTIFF that death occurred on the date above stated; that i attended deceased from		
7. Birth date of	and that I last saw h alive on 19		
deceased (mo., day, yr.) 28 Fohmsom 7806 1923.			
8. AGE: Years Months Days If less than one day	Immediate cause of death		
23 <del>10</del> / 19 8hrsmin.	Short		
Coto City (county link) Alahama	Que to Crushed check		
9. Birthplace	Crushed shull		
10. Usual occupation	and Country of abelonies		
11. Industry or business	UUE (U		
E 12 Name West, James N	Diher conditions		
12. Name West, James N  13. Birthplace Helenbess, Alabama			
	(Include pregnancy within 3 months of death)		
14. Maiden name	Major findings of eperations		
🗏 15. Birthplace			
16. tntormant	Autepsy rezults.		
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
11/2 mars 1 1/- 7-4/6	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burlai, cremation, or personal. Which?)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Gainesville // NTL///Lb/K/////	Injured at home, farm, Industry, public place (where?)		
Location	Means of Multimer & Corin Callestalused at work? Wes		
18. Funeral director	A Contraction of the Contraction		
Address Hyallow 49th Blair	rd. mpling		
Oh 1 W law day	23. SIGNATURE. M. D) or other		
19. April 19 19 Jelly Olley Registrar Registrar	find an 1 11 14 2 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		



2411 N. Charles St., Baltimore

04030

Address of lean Dale May Bate signed 4/16/46

### CERTIFICATE OF DEATH

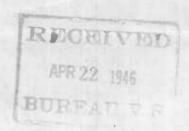
			2004 2004 1104		
1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county Prince George's			D C		
City or town (mral) Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)			Washington		
How long in above place of death? 4 mos., 12 days			City or town		
How long in above pr	or street address when	e death occurred:	Street No. 1527 - A. St. N.E.	,	
	Glenn D	ale Sanatorium	Street No		
How long in hospita	al or institution?	4 mos., 12 days	2.(a) If veteran, name war	<u> </u>	
3. (a) FULL NA	ME /		3.(b) Social Security N	lumber	
	Tec	erge C. W	indle 223-30-12		
4. Sex	5. Color or race	9.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Divorced	20. DATE OF DEATH Opril 16 19.46.	17:55 F	
6.(b) Name of husba	and or wife Ma	rguerite S. Windle	2t. CERTIFY that death occurred on the date above stated; that I attended decease	ed from	
		9	Wel: 4 1945 10 april /	6,1976	
7. Birth date of		year	and that I last saw h	1946	
deceased (mo., da	ay, yr.) Septen	ber 24, 1905	Impediate cause of death	DURATION	
8. AGE: Y	ears   Months	Days If less than one day	(Sulmonary tulureulosis	3ur 11n	
	40 6	22hrsmin			
	Tonta Mill	e Vincinia	Bue to Tulerculous	·····•	
9. Birthplace	9. Birthplace Lantz Mills, Virginia (Town, county, and state)			2 744	
	Governme	ent Clerk	entero-colitis	2 000	
tO. Usual occupetion	On		Due to	***************************************	
1t. Industry or busi				*****************	
12. Name	William T.	** * ** ** ** * * * * * * * * * * * *	Dther conditions	*****************	
12. Name		Virginia ,			
	D.c. I	Danasa	(Include pregnancy within 3 months of death)		
14. Maiden na	me Rose L.	Bowers	Major findings of operations		
t5. Birthplace	Virg	ginia	Date of op.		
	Decedent		Antopsy results.		
t6. Informant			PHYSICIAN: Please underline the cause to which death should be charged at		
Address		1	22. VIOLENCE: If death was due to external causes, fill in the following;		
17 (5)	model	Date thereof Month) (yay) (year)			
(Burial, cremat	tion, or removal. Which	month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cren	natory 100	shindon,	Where did injury occur?	(State)	
5	0	0	Injured at home, farm, Industry, public place (where?)		
Location					
18. Funeral directo	or IV. IV. C	hamvers to.	Meens of Injury Injured at work?		
Address	517-11	the st. S.E.	D . 1 P 91.	o mo	
		- 2 0 1 (Do'o:	23. SIGNATURE Dauf Leo F M. D. o.	r other	
19. ayr	16, 1946	Lowland Fluips			
(Date cc'd by	registrar)	Registra	Address Wenn tale Mal Date signed	7110176	

MARGIN RESERVED FOR BINDING

The correct age

UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly.

A15 VS PLEASE WRITE PLAINLY, WITH UNF is especially important.



2411 N. Charles St., Baltimore 934

04031

### CERTIFICATE OF DEATH

142

town)

DURATION 12 hrs

12 hrs

3 wks

1 wk

		E OI BERTII	Reg. Dist. No.Com	. A Alban
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)			
county Prince Georges County				
City or fown. Fort Washington. Md. (If outside city or town limits, write RURAL and give	State Unknown county unknown  City or town (If outside city or town limits, write RURAL and give nearest town			
How long in above place of death?OneMonth Hospital, institution, or street address where death occurred:	***************************************			
Veterans Administration Home	Streef No. (If rural, givs LOCATION)			
How long in hospital or institution? Nineteen (19) days	2.(a) If veteran, name war			
3. (a) FULL NAME		3. (b) Social Security 1	Number	
WOODRUM, Hunter H.			705-01-0363	
4. Sex 5. Color or race 6.(a) Single, married, widowed	d, or divorced	MEDICAL CE	ERTIFICATION	
Male White divorced		20. DATE OF DEATH. April 8	19 46	at4.
6.(b) Name of husband or wifeBuelah Floyd		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		sed from
C (a) If all you rely a gra		March 20 19 46 10 April 8		
7. Birth date of deceased (mo., day, yr.)  June 12, 1889		and that I last saw h		
8. AGE: Years   Months   Days   If less than on	ne day	Left hemiplegia		00 7.5
56 9 26hrs.	mln.	Territeiiri hregra		
9. Birthplace Salisbury North Carolina (Town, county, and state)		Due to Cerebral embolism		1/
10, Usual occupation Brakeman on RR	Antoniagalometic hospit disposa			
11. Industry or business Southern Railroad	with myocardial infarction & myo-			
12. Name William J. Woodrum	Cardial Insufficiency Unier conditions		*********	
# 12. Name William J. Woodrum	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	(Include pregnancy within 3 months of death)			
14. Malden name Mary L. Vaughn 15. Birthplace Richmond, Va.		Major findings of operations		
	News			
16. Informant Hospital Records Veterans Administration Home Address Fort Washington, Md.	Antopsy results	ich death should be charged s	statistical	
	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, eulcide, or homicide			
17. Burial Date thereof. April (Burial, cremation, or removal, Which?)				
Gemetery or crematory Arlington National C	Where did injury occur?(City or town)			
Location Arlington, Va.	Injured at home, farm, Industry, public place (wh			
18. Funeral director N. W. Chambers Co.	Meane of Injury	Injured at work?	7	
Address 517-11th St, SE, Washington,	In se me	O. Trilar		
10 Chril 10 10 46 Orene C	INGRAM C. TAYLOR, Capt.	MC Acting CMO	r other	
(Vate rec'd by registrar)	Registrar	Address V.A. Ft. Washingto	on, Md. Date signed.	4/9/

MARGIN RESERVED FOR BINDING WITH UNFADING INK. Supply eve important. Physicians: please write PLAINLY, vis especially PLEASE WRITE

The correct age

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APR 25 1946

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information

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WRITE

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore 17000

CERTIFICATE OF DEATH Reg. Diat. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) County Prince George's North Carolina .... College (If outside city or town limits, write RURAL and give nearest town) Transient (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: 504 Prcht. Inf. Street No.... Route # (If rural, give LOCATION) How long in hospital or institution?... 3. (a) FULL NAME 3. (b) Social Security Number Wright, Henry 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Male White Single 20. DATE OF DEATH. CO 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife..... ....6.(c) If alive, give age ......years 7. Birth date of 17 November 1926 deceased (mo., day, yr.) OURATION 8. AGE: Years If less than one day 8. Birthslace Booneville (county unk) Indiana (Town, county, and state) 10. Usual occupation.....Soldier 11. Industry or business 12. Name Wright, Norman A.

13. Birthplace Warrick County, Indiana (Include pregnancy within 3 months of death) 14. Maiden name Wright, Ella 14. Maiden na Major findings of operations..... Warrick County, Indiana 16. Informant. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, till in the following; Date thereof. Accident, suicide, or homicide. injured at home, farm, industry, public place (where?) ... Address

Registrar

